

OCT. 30. 2003 9:45AM

ROGERS TOWERS

NO. 6169 P. 3

10/29/03 16:46

OCT. 28. 2003 3:24PM

ROGERS TOWERS

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03 OCT 29 AM 9:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000007331

1. Corporation Name
85 Corporate Center Owners Association, Inc.

2. Principal Office Address 6650 Southpoint Parkway		3. Mailing Office Address 7 Becker Farm Road	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Jacksonville, Florida		City & State Roseland, New Jersey	
Zip 32216	Country USA	Zip 07068	Country USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida 12/13/99

5. FEI Number 59-3850408

6. CERTIFICATE OF STATUS DESIRED Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name William C. Reiney, Esq.

Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.

Suite, Apt. #, Etc. Suite 1500

City Jacksonville State FL Zip Code 32207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent *William C. Reiney* Date 10/29/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Donna H. Norton	7 Becker Farm Road	Roseland, New Jersey 07068
D/VS	Joanna F. Meisler	7 Becker Farm Road	Roseland, New Jersey 07068
D/VT	Adrian P. Slobznakar	7 Becker Farm Road	Roseland, New Jersey 07068
D	Cathi Trangone	7 Becker Farm Road	Roseland, New Jersey 07068
D	Jill Turso	7 Becker Farm Road	Roseland, New Jersey 07068

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Joanna F. Meisler* Date 10/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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