

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -5 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27469

1. Corporation Name

MICHIGAN PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

500093740055
03/19/07--01037--012 **848.75

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1925 E MICHIGAN ST

3. Mailing Office Address

1925 E Michigan St.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

ORLANDO, FL

City & State

ORLANDO - FL.

Zip

32806

Country

USA

Zip

32806

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/18/1988

5. FEL Number

65-0113789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICARDO ALONSO

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

1925 E MICHIGAN ST

Suite, Apt. #, Etc.

City

ORLANDO, FL

State

FL

Zip Code

32806

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 2-12-07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	RICARDO ALONSO	1925 E MICHIGAN ST	ORLANDO, FL 32806
V/T	MARIO RIVERON	240 ROLLINGWOOD TRL	ALTAMONTE SPR, FL
D	MARIANGELES ALONSO	1152 CHARMING ST	MAITLAND, FL
D	HELIODORA RIVERON	240 ROLLINGWOOD TRL	ALTAMONTE SPR, FL

REINSTATEMENT

97-67
3217/07

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 contained in Chapter 119, 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:

[Signature] MARIO RIVERON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2007

Date

407-788-1211

Daytime Phone #