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FILE

2007 JUL 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20471

1. Corporation Name
The Center of Commerce at Orlando Owners' Association, Inc.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
c/o RREEF 601 South Lake Destiny Road

3. Mailing Office Address
c/o RREEF 601 South Lake Destiny Road

Suite, Apt., Rm., etc.
Suite 190

Suite, Apt., Rm., etc.
Suite 190

City & State
Maitland Florida

City & State
Maitland, Florida

Zip
32751 Country
USA

Zip
32751 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
05/05/1987

5. FE Number
592965059

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Bret Anderson

Street Address (No P.O. Boxes) (Not Applicable)
c/o RREEF 601 South Lake Destiny Road

Suite 190

Maitland State **FL** Zip Code **32751**

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 authorized the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of Registered Agent: *Bret Anderson* Date: _____
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
P D	Bret Anderson	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751
VPD	John Frederick	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751
S D	Laura Tyson	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751

10. I certify that I am an officer or director of 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 a suspension has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees paid 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: *Bret Anderson* **7-25-07** **(407) 438-1449**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

Bret Anderson

CR2E081 (1/07)

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATIO

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$358.75

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Corporate Filing Menu

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