PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712143

1. Corporation Name
Collegiate Living Organization, Inc.

Principal Place of Business	Mailing Address
117 N.W. 15th Street Gainesville, FL 32603	117 N.W. 15th Street Gainesville, FL 32603

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 93-95

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City
Zip 6/17 / Country TS

4. Date Incorporated or Qualified To Do Business in Florida 01/24/1967

5. FEI Number 59-0205246 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

500002566185--6
-06/19/98--01105--007
****542.50 ****542.50

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P/C	John F. Jasinski	117 N.W. 15th Street	Gainesville, FL 32603
D	Alfred Harvey	117 N.W. 15th Street	Gainesville, FL 32603
D	Sarah Lane	117 N.W. 15th Street	Gainesville, FL 32603
D	David Milner	117 N.W. 15th Street	Gainesville, FL 32603
D	Archie Birkner	117 N.W. 15th Street	Gainesville, FL 32603
D	Chistopher Crawford	117 N.W. 15th Street	Gainesville, FL 32603

8. Name and Address of Current Registered Agent
Bradley P. Cox
117 N.W. 15th Street
Gainesville, FL 32603

9. Name and Address of New Registered Agent
Name: John F. Jasinski
Street Address (P.O. Box Number is Not Acceptable): 117 N.W. 15th Street
Suite, Apt. #, Etc.:
City: Gainesville | State: FL | Zip Code: 32603

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN — Date 6/14/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(i), 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] John F. Jasinski — 6/14/98 — (352) 377-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #