PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714095

1. Corporation Name

**IMPERIAL PARK APARTMENTS I, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1301 S. HERCULES<br>CLEARWATER FL 33764 | P.O. BOX 15207<br>CLEARWATER FL 33766 |

REINSTATEMENT 2001

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

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1968

5. FEI Number: 59-1385733 ☐ Applied For ☐ Not Applicable

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

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 | 4 City / State / Zip |
|---|---|---|---|
| PD | CONLEY, JOHN | 1300 S. HECULES #7 | CLEARWATER FL 33764 |
| VD | CORTRIGHT, DARBY | 1300 S. HERCULES #10 | CLEARWATER FL 33764 |
| TD | COBLE, MYRA | 1300 S. HERCULES #3 | CLEARWATER FL 33764 |
| SD | CALGANIS, ELEFTERIO | 1300 S. HERCULES 313 | CLEARWATER FL 33764 |
| | | | |
| | | | |

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| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| DILLON, MICHAEL H -<br>3167 LANDMARK DRIVE<br># 824<br>CLEARWATER FL 33761 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State FL / Zip Code |

CR2E040 (8/01)

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: Michael H Dillon SIGNATURE REQUIRED Date: 12/5/01
REGISTERED AGENT MUST SIGN

11. 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:** John Conley SIGNATURE REQUIRED JOHN CONLEY 12/5/2001 (727) 536-8489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #