

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735562

1. Corporation Name

ARLINGTON PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

1851 ARLINGTON STREET

Suite, Apt. #, etc.

SUITE 204

City & State

SARASOTA, FL

Zip

34239

Country

3. Mailing Office Address

1851 ARLINGTON STREET

Suite, Apt. #, etc.

SUITE 204

City & State

SARASOTA, FL

Zip

34239

Country

7. Name and Address of Current Registered Agent

Name

J. HUGH MIDDLEBROOKS

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

REGISTERED AGENT MUST SIGN

Date

12/5/08

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
PD	MICHAEL HARRINGTON	1851 ARLINGTON STREET, SUITE 204	SARASOTA, FL 34239
TD	NELSON LANE	1851 ARLINGTON STREET, SUITE 204	SARASOTA, FL 34239
SD	DEBORAH TAYLOR	1851 ARLINGTON STREET, SUITE 204	SARASOTA, FL 34239

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Lane

Date

12/5/08

Daytime Phone #

FILED

08 DEC -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

200138738212
12/09/08-01/02/09-01/08 **297.50
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 04/13/1976

5. FEI Number
59-1675185

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.