PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY 14 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748003

1. Corporation Name

THE EXECUTIVE PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 S.W. 34th Avenue Suite 148 Ocala, FL 34474	Post Office Box 367 Ocala, FL 34478-0367

700002886787--0
-05/26/99--01030--019
****297.50 ****297.50

REINSTATEMENT 5/14/99

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: 7/9/79

5. FEI Number: 59-2876315 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Palmer, W.M., Jr.	3300 S.W. 34th Ave., Ste148	Ocala, FL 34474
D	Lee, Dorothy	2811 S.W. 32nd Avenue	Ocala, FL 34474
ST	Glanzer, Dorothy	3300 S.W. 34th Ave., Ste148	Ocala, FL 34474
AS	Callaway, Lawrence C., III	21 Northeast First Avenue	Ocala, FL 34470

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-05/26/99--01030--019
******8.75 ******8.75

8. Name and Address of Current Registered Agent

Palmer, W. M., Jr.
3300 S.W. 34th Avenue, Suite 148
Ocala, FL 34474

9. Name and Address of New Registered Agent

Name: Lawrence C. Callaway, III, Esquire
Street Address (P.O. Box Number is Not Acceptable): 21 Northeast First Avenue
Suite, Apt. #, Etc.:
City: Ocala | State: FL | Zip Code: 34470

CR2E038 (12.98)

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: _____ REGISTERED AGENT MUST SIGN Date: 5/6/99

11. This corporation owes 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: _____ 5/6/99 (352) 351-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence C. Callaway, III, Assistant Secretary