


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|------------------------------|--|---|---|--|--|
| DOCUMENT # 748576 1. Entity Name SOUTH CONGRESS INDUSTRIAL CENTER PROPERTY OWNERS' ASSOCIATION, INC. | | | |  | | 06 OCT -5 PM 2:37 | |
| Principal Place of Business 6640 EAST ROGERA CIRCLE BOCA RATON, FL 33487 | | | | Mailing Address 6640 EAST ROGERA CIRCLE BOCA RATON, FL 33487 | | | |
| 2. Principal Place of Business 6530 W ROGERS CIRCLE (Suite, Apt. #, etc.) # 31 | | | | 3. Mailing Address SAME Suite, Apt. #, etc. | | | |
| City & State BOCA RATON FL. | | | | City & State FL. | | | |
| Zip 33487 | | Country PALM BEACH | | 4. FEI Number 59-2116692 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | REINSTATEMENT 00222000 REIN-NP CR2E099 (11/05) JB | | | |
| 6. Name and Address of Current Registered Agent LAIRD, THOMAS L 285 ROYAL PALM WAY BOCA RATON, FL 33432 | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 | | | | | | | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LAIRD, THOMAS L. 285 ROYAL PALM WAY BOCA RATON, FL <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600080499876 10/05/06--01044--003 **61.25 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GRANT, JOHN JR 3333 N FEDERAL HWY BOCA RATON, FL <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD BAUER, WILLIAM 1060 HOLLAND DRIVE, STE. 3A BOCA RATON, FL <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Thomas L. Laird</u> THOMAS L. LAIRD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 9/27/06 <small>Date</small> | | 561-479-9169 <small>Daytime Phone #</small> | |