

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 21 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757624

1. Corporation Name
The Starting Gate Office Complex
Condominium Association, Inc.

2. Principal Office Address

2801 SW College Rd

Suite, Apt. #, etc.

Suite 9

City & State

Ocala FL

Zip

34474

Country

USA

3. Mailing Office Address

2801 SW College Rd

Suite, Apt. #, etc.

Suite 9

City & State

Ocala FL

Zip

34474

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/17/81

5. FEI Number

59-2247198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David L. Mackay

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

2801 Southwest College Rd

Suite, Apt. #, Etc.

Unit 9

City

Ocala

State
FL

Zip Code

34474

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

David L. Mackay

REGISTERED AGENT MUST SIGN

Date 12/15/05

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
D	DAVID L. MACKAY	2801 SW College Rd, Suite 9	Ocala, FL 34474
D	Douglas Day	2801 SW College Rd, Suite 13	Ocala, FL 34474
D	M. U. Jesrani	1052 SE 54 th Ave,	Ocala, FL 34471
		JR 12/21	

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 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

David L. Mackay Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

352-237-3800

Daytime Phone #