

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**Owner**  
REINSTATEMENT

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

DOCUMENT # 763577

1. Corporation Name

THE PLANTATION OF TALLAHASSEE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2203 WEST PENSACOLA ST  
TALLAHASSEE FL 32304

2203 WEST PENSACOLA ST  
TALLAHASSEE FL 32304

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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4. Date Incorporated or Qualified  
To Do Business in Florida

06/04/1982

5. FEI Number

59-2331877

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 3	City / State / Zip 4
PD	ALLEN, JK	2203 W PENSACOLA ST E-8	TALLAHASSEE FL 32304
VP	<del>DOVER, DORETTA</del>	<del>2203 W PENSACOLA ST E-4</del>	<del>TALLAHASSEE FL 32304</del>
TD	HILDEBRAND, RON	2608 VASSAR RD	TALLAHASSEE FL 32308
ST	<del>HINKLE, JON</del> Sudano, Hyatt	2203 W PENSACOLA ST E-6	TALLAHASSEE FL 32304
D	SMITH, ED	2203 W PENSACOLA ST E-5	TALLAHASSEE FL 32304

8. Name and Address of Current Registered Agent

ALLEN, JK  
2203 W PENSACOLA ST  
E-8  
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name  
Kim Allen  
Street Address (P.O. Box Number is Not Acceptable)  
2203 W. PENSACOLA ST.  
Suite, Apt. #, Etc.  
Apt E-8  
City  
Tallahassee  
State  
FL  
Zip Code  
32304

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 19, 2001

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:

SIGNATURE REQUIRED  
JK Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

18 OCT 2001

Daytime Phone #

**Plantation Condos**

Plantation condominiums 2203 W. Pensacola St.  
Tallahassee, Florida 32304

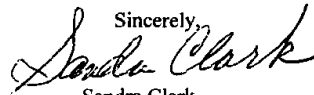
Phone 850-575-9743  
Fax 575-4285

October 19, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Divisions of Corporations

The Plantation Of Tallahassee Condominium Association, Inc. is under new management as of March 1, 2001. To my knowledge we did not receive any notice from the State. I am requesting a review of this matter.

Sincerely,



Sandra Clark,  
Manager