

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 DEC 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770785**

1. Corporation Name

The Links at Carrollwood Condominium Association, Inc.

2. Principal Office Address c/o Mid-America Apt. Communities, Inc.
6584 Poplar Avenue

Suite, Apt. #, etc.

340

City & State

Memphis, TN

Zip

38138

Country

USA

3. Mailing Office Address

6584 Poplar Avenue

Suite, Apt. #, etc.

340

City & State

Memphis, TN

Zip

38138

Country

USA

400003459134-7
-11/09/00--01090--003
****131.25 *****87.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

October 12, 1983

5. FEI Number

59-239780

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

Awilda LeBron

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

5120 Belmore Parkway

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33424

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

Awilda LeBron
REGISTERED AGENT MUST SIGN

Date

12/1/00

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
Pres.	Ginny Doane	6584 Poplar Ave., Suite 340	Memphis, TN 38138
V.P.	Tom Grimes	6584 Poplar Ave., Suite 340	Memphis, TN 38138
Sec. <i>D</i>	Awilda LeBron	6584 Poplar Ave., Suite 340	Memphis, TN 38138
Dir/ Treas	Sylvia Wilson	6584 Poplar Ave., Suite 340	Memphis, TN 38138
Dir.	Steve Haines	6584 Poplar Ave., Suite 340	Memphis, TN 38138

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:

Thomas L. Gennick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.08.2000

Date

901 682 6600

Daytime Phone #

CR2E081 (9/99)