

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**01 NOV 26 PM 2:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**DOCUMENT #** F55895

**1. Corporation Name**

North Florida Associates, Inc.

**2. Principal Office Address**

6400 Newberry Road

**Suite, Apt. #, etc.**

Suite 202

**City & State**

Gainesville, Florida

**Zip**

32605

**Country**

U.S.A.

**3. Mailing Office Address**

6400 Newberry Road

**Suite, Apt. #, etc.**

Suite 202

**City & State**

Gainesville, Florida

**Zip**

32605

**Country**

U.S.A.

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

11/24/1981

**5. FEI Number**

592140534

**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**

Dean C. Kramer

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

6400 Newberry Road

**Suite, Apt. #, Etc.**

Suite 202

**City**

Gainesville

**State**

FL

**Zip Code**

32605

500004718315--2

-12/11/01--01029-008

\*\*\*\*758.75 \*\*\*\* 58.75

**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

Dean C. Kramer

REGISTERED AGENT MUST SIGN

Date

11/21/01

**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
SDT	Charles H. Shaw	6820 N.W. 11th Place	Gainesville, FL 32605
D	Robert Ashley	6800 N.W. 9th Blvd.	Gainesville, FL
VD	Robert Thoburn	6440 Newberry Road	Gainesville, FL
PD	Dean C. Kramer	6400 Newberry Road	Gainesville, FL

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean C. Kramer

Date

11/21/01

Daytime Phone #

352-331-6736

CR2E081 (9/00)