

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G50803**

1. Corporation Name

CORPOREX PROPERTIES OF ORLANDO, INC.

Principal Place of Business

P.O. Box 75020
Cincinnati, OH 45275

Mailing Address

P.O. Box 75020
Cincinnati, OH 45275

Attn: Corporate Secretary

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1983

5. FEI Number

61-1034831

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, and Zip
DPT	Butler, William P.	625 Eden Park Dr, Ste 200	Cincinnati, OH 45202
V D	Blackham, J. William III	625 Eden Park Dr, Ste 200	Cincinnati, OH 45202
V	Baumeister, William F	255 S Orange Ave, #1144	Orlando, FL 32801
S	Cairns, Myles	625 Eden Park Drive, Ste 200	Cincinnati, OH 45202
AS	Butler, Martin C.	50 E Rivercenter Blvd	Covington, KY 41011
V	Drew Smith	255 S Orange Ave, #1144	Orlando, FL 32801

8. Name and Address of Current Registered Agent

William F. Baumeister
255 S Orange Ave #1133
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Carol Record
REGISTERED AGENT MUST SIGN

Carol Record
Assistant Secretary

Date 11-15-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Myles S. Cairns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/99

Date

606-292-5506

Daytime Phone

Myles S. Cairns

CR2E081 (12/98)

FILED

99 DEC -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99