PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

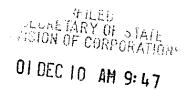
DOCUMENT #

J78813

1. Corporation Name

5 - 5%

PLANT CITY COMMERCIAL PARK, INC.



Principal Pl	ace of Busine	ss	Mailing Addre	ress							
1202 PINEDALE DR PLANT CITY FL 33566 US			1202 PINEDALE DR PLANT CITY FL 33566 US								
						Ę	FMST	MITTER	TO	1	
If above addresses are incorrect in any way, line through incorrect information and enter correction											
New Principal Office Address, If Applicable 3. New Mail				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 06/22/1987				
Suite, Apt. #, etc. Suite, A			Suite, Apt. #,	t. #, etc.			5. FEI Numbe		- : 1 1		
City & State			City & State				59-2824250 Applied For Not Applicable				
ony a state			J., 2 J.	Country			e Not Applicable				
Zip	Zip Country		Zip	Zip			CERTIFICATE OF STATUS DESIRED				
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flor	rida nonpro	fit corporation	ons must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo				City / State / Zip			
PD	WYNN, CHARLES W.			1465 SIERRA VISTA DR				PRESCOTT AZ 86303			
SD	VORDERBURG, CHRIS			1202 PINEDALE DR				PLANT CITY FL 33566			
					**		90	1000472: -12/17/01-	9309-	8	
								-12/17/U1- ****750.0	-010850 0 ****7	J31 50.00	
i	1						XOLVI	//~/			
					ent			9. Name and Address of New Registered Agent			
	· · · · · · · · · · · · · · · · · · ·	Name			0	·· •					
Vorderberg, Chris 1202 Pinedale Dr				Street Address (I		P.O. Box Number is Not Acceptable)					
PLANT CITY FL 33566				Suite, Apt. #, Etc			· <u>«</u>	1-14			
		City			State Zip Code						
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am	familiar with	n and accept the ot	bligations of Sect	ion 607.0505, F.S.			
Signature o	Agent Agent	LA Dadi	UJRE	WRE	5QQ'	Verelei	فامدسع	Date	401		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1/22-01

428-788.90s

Daytime Phone #