

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT -2 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000001246

1. Corporation Name

Seneca Industrial Park Association, Inc.

2. Principal Office Address - No P.O. Box #

2701 Hallandale Beach Blvd.

3. Mailing Office Address

4740 NW 15th Avenue

Suite, Apt #, etc.

Suite, Apt #, etc.

Unit D

City & State

Pembroke Pines, FL

City & State

Fort Lauderdale, FL

Zip

33023

Country

USA

Zip

33309

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 02/25/2000

5. FEI Number

650986045

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

Jones Lang LaSalle Americas, Inc.

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

701 Brickell Avenue

Suite, Apt #, Etc.

Suite 110

City

Miami

State

FL

Zip Code

33131

700240345747
10/02/12--01010--002 **297.50

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

Eddie Alvarado

Date 9/17/12

REGISTERED AGENT MUST SIGN

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
DP	Mike Crawford	8500 Andrew Carnegie Blvd., 3rd FL	Charlotte, NC 28262
DVP	Bradford Stitchberry	824 S. Military Trail	Deerfield Beach, FL 33442
DST	Dave Boylan	3401 W. Hallandale Beach Blvd	Pembroke Park, FL 33023
REINSTATEMENT			
		RLH 10-02-12	

10. E-mail Address: Eddie.Alvarado@am.jll.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Eddie Alvarado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/24/2012 954364252