

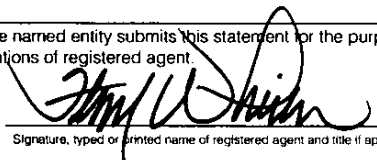
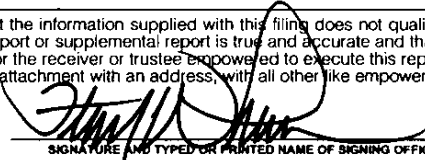


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000001500 1. Entity Name JETPORT PARK NON-RESIDENTIAL PROPERTY OWNERS ASSOCIATION, INC.				FILED 07 OCT 23 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801		Mailing Address C/O JETPORT PARK 255 S. ORANGE AVE 1540 CITRUS CENTER ORLANDO, FL 32801			
2. Principal Place of Business - No P.O. Box # 420 S Orange Ave Suite, Apt. #, etc. 1200		3. Mailing Address 420 S Orange Ave Suite, Apt. #, etc. 1200		REINSTATEMENT 10152007 REIN:NP CR2E099 (1/07)	
City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3650860	
Zip 32751		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIDDON, H. FLOYD JR 255 S. ORANGE AVE., STE. 1540 CITRUS CEN ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 340 N. Maitland Ave Ste 110 City Maitland FL Zip Code 32751		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 10-15-07		
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EIDSON, GEORGE T JR 255 S. ORANGE AVE., STE. 1100 CITRUS CEN ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 420 S. Orange Ave Ste 1200 Orlando FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WHIDDON, FLOYD H JR 255 S ORANGE AVE, STE 1540 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 340 N. Maitland Ave Ste 110 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete "SONNY" BISHOP, WILLIAM D SR 1800 E. COLONIAL DR. ORLANDO, FL 32802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400111238884 10/23/07--01057--017 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE 10-15-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

3 Mailed OCT 23 2007