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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005787

1. Corporation Name

Alachua Commercial Condominium Association, Inc.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
16105 US Highway 441	16105 US Highway 441
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua, Florida	City & State: Alachua, Florida
Zip: 32615 Country: USA	Zip: 32615 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/2000

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0305, F.S.

Signature of Registered Agent: Corine Bruyn Date: 1/25/07

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
D	Carl H Hoover	4015 Wetherbum Way, Bldg B, Ste 200	Norcross, GA 30092
D	Duane L Hoover	4015 Wetherbum Way, Bldg B, Ste 200	Norcross, GA 30092
D	Todd Y Rousseau	7733 W Newberry Rd, Ste B-2	Gainesville, FL 32606

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 contained in Chapter 119, 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] 1-25-07 (352)870-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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K. Eckel JAN 26 2007

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

please waive penalty fees

CORPORATION REINSTATEMENT

ALACHUA COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	1
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