PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 19 AM 11:47

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005843

REINSTATEMENT 03-04

1. Corporation Name
JOLSON OFFICE SUBDIVISION OWNER'S ASSOCIATION, INC.

2. Principal Office Address		**3.** Mailing Office Address	
1601 ALAFAYA TRAIL		1601 ALAFAYA TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OVIEDO, FL		City & State: OVIEDO, FL	
Zip: 32765	Country: U.S.A	Zip: 32765	Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/05/2000

5. FEI Number: ☐ 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: PAUL D. MCQUEEN

Street Address (P.O. Box Number is Not Acceptable): 1601 ALAFAYA TRAIL

Suite, Apt. #, Etc.:

City: OVIEDO | State: FL | Zip Code: 32765

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: _____ Date: MARCH 17, 2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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, P	PAUL D. MCQUEEN	1601 ALAFAYA TRAIL	OVIEDO, FL 32765
D/V	Dennis M. Skop	1601 Alafaya Trail	Oviedo, FL 32765
D /S	Holly Nadji	1601 Alafaya Trail	Oviedo, FL 32765
D/T	Alison Walsh	1601 Alafaya Trail	Oviedo, FL 32765

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 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: _____ President 3/17/04 407/365-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

CORPORATION REINSTATEMENT

JOLSON OFFICE SUBDIVISION OWNER'S ASSOCIATION, INC.

Certificate of Status	1
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