

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002264

1. Corporation Name

SUITE DREAMS TOO OFFICE OWNERS ASSN., INC.

Principal Place of Business

Mailing Address

4961 NW 8TH AVE., STE. A
GAINESVILLE FL 32605

4961 NW 8TH AVE., STE. A
GAINESVILLE FL 32605

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number 20-041437
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BERNARD, TAMMY L	4961 NW 8TH AVE., STE. A	GAINESVILLE FL 32605
DVST	NEWMAN, LAWRENCE H	3705 SW 2ND PLACE	GAINESVILLE FL 32607
D	JOHNSON, CARL L	4421 NW 39TH AVE., BLDG. 1, STE.	GAINESVILLE FL 32606

8. Name and Address of Current Registered Agent

BERNARD, TAMMY L
4961 NW 8TH AVE., STE. A
GAINESVILLE FL 32605

9. Name and Address of New Registered Agent

Name

LAWRENCE NEWMAN

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

3705 SW 2ND PL.

Suite, Apt. #, Etc.

City

Gainesville, FL

State

FL

Zip Code

32607

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/17/03

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/03 352-317-3253

CR2E040 (7/03)