

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006798

1. Corporation Name

Briercliff Commons Condominium Association, Inc.

500091015645
03/06/07--01026--022 **245.00

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1147 Delaney Avenue

3. Mailing Office Address
1147 Delaney Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32806

Country

US

Zip

32806

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

020633426

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

Mark Joswig

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

1147 Delaney Avenue

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32806



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 617.0503, F.S.

Signature of
Registered Agent

Mark Joswig
REGISTERED AGENT MUST SIGN

Date February 15, 2007

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
P / D	Mark Joswig	1147 Delaney Avenue	Orlando, FL 32806
T / D	Troy Branson	1143 Delaney Avenue	Orlando, FL 32806
S / D	Steve Kneipp	1155 Delaney Avenue	Orlando, FL 32806

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:

Mark Joswig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 15, 2007 407-341-7718

Date

Daytime Phone #

xc 3/1