

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000006798

1. Corporation Name

Briercliff Commons Condominium Association, Inc.

2. Principal Office Address

514 W. Central Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 2308

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

USA

Zip

32802

Country

USA

900020248929

05/29/03--01011--002 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/01

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 L. Kinchla

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

1310 S. Osceola Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

REGISTERED AGENT MUST SIGN

Date

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	Mark L. Kinchla	1310 S. Osceola Ave.	Orlando, FL 32806
T	Barbara Peters	1159 Delaney Ave	Orlando, FL 32806
D	Katherine Kinchla	1310 S. Osceola Ave.	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 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: Mark L. Kinchla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK L. KINCHLA
DIRECTOR

4/29/03 4074689165

CR2E081 (10/02)