PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -7 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01828

1. Corporation Name

Highland Professional Center
Condominium Association, Inc.

800137736458
11/07/08--01016--003 **183.75

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1201 S. Highland Ave		1201 S. Highland Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 10		Suite 10	
City & State		City & State	
Clearwater, FL		Clearwater, FL	
Zip	Country	Zip	Country
33756	USA	33756	USA

4. Date Incorporated or Qualified To Do Business in Florida 3/7/84

5. FEI Number 59-2483289 ☐ 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
Gregory D. Clark, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1201 S. Highland Ave

Suite, Apt. #, Etc.
Suite 9

City	State	Zip Code
Clearwater	FL	33756

☑ 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 _____ Date 10/7/08

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
P	J. Ann Palomar	1201 S. Highland Ave, Ste 5	Clearwater, FL 33756
VP	Richard McKibben	1201 S. Highland Ave, Ste 3	Clearwater, FL 33756
T	Christopher Dufala	1201 S. Highland Ave, Ste 10	Clearwater, FL 33756

06-08 KS

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: _____ 10-28-08 727-741-9007

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