PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 26 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/26/04--01060--011 **306.25

REINSTATEMENT 03-04

1. Corporation Name

Carrier Business Center Condominium Association, Inc.

2. Principal Office Address
1835 Derby Glen Dr.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip 32837 | Country Orange

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 2-25-2002

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Don L. Brown, Esquire

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

Suite, Apt. #, Etc.
Suite 100

City Maitland | State FL | Zip Code 32751

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 4-22-04
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
P/D	Ana Siria Freire	1835 Derby Glen Dr.	Orlando, FL 32837
S/D	Jose Roberto Nobrega	1835 Derby Glen Dr.	Orlando, FL 32837
D	Ana Clea Freire	13560 Eyas Road	Orlando, FL 32837

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: _____ Ana Siria Freire 04/22/04 407-851-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

TR