

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 29 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **002000002676**

1. Corporation Name

**BRANDON COMMERCE CENTER
PROPERTY OWNERS ASSOCIATION INC.**

W06-39829
W07-39829

2. Principal Office Address - No P.O. Box #

270 PINE AVE

3. Mailing Office Address

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

City & State

Lauderdale By THE SEA

City & State

Zip

33308

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number

APPLIED FOR

☒ 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

DONNA DOYLE

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

28705 BENNINGTON DR.

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/25/07

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
Pres	Robert White Pres. Direct.	270 PINE AVE	Lauderdale by the SEA. FL 33308
Treas.	Robert E Schmidt III V.P. Direct.	311 E Chicago St #210	Milwaukee, Wis. 53202
Sect.	Donna J Doyle Direct.	28705 Bennington Dr.	Wesley Chapel. FL 33544

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/07

Daytime Phone #

**813 -
929-7340**