


APPROVED AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000004145

1. Corporation Name
South 17 Office Park Condominium Association, Inc.
W06000023433

2. Principal Office Address 4339 Roosevelt Boulevard		3. Mailing Office Address 751 Oak Street Suite	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32210	Country USA	Zip 32210	Country USA

REINSTATEMENT *03-06 BSC*

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **05/30/02**

5. FEI Number **01-0739996**

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

7. Name and Address of Current Registered Agent

Name **Bert C Simon**

Street Address (P.O. Box Number is Not Applicable) **1660 Prudential Drive**

Suite, Apt. #, Etc. **Suite 203**

City **Jacksonville** State **FL** Zip Code **32207**

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 *Bert C Simon* Date **4/28/06**

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
PD	R Lamar Shaw	751 Oak Street, Suite 600	Jacksonville, FL 32204
VTD	JT Thornton	751 Oak Street, Suite 600	Jacksonville, FL 32204
SD	Bert C Simon	1660 Prudential Drive, Suite 203	Jacksonville, FL 32207

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: *Bert C Simon* Date **4/28/06** Daytime Phone # **904-358-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR