

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -8 AM 11:48

DOCUMENT #

N02000007656

1. Corporation Name

The 18th Street Professional Park I Association, Inc.

2. Principal Office Address

1721 SE 16th Ave.

Suite, Apt. #, etc.

Suite D a/k/a 104

City & State

Ocala, FL 34471

Zip

34471

Country

USA

3. Mailing Office Address

1805 SE 16 Ave.

Suite, Apt. #, etc.

Building 300

City & State

Ocala, FL

Zip

34471

Country

USA

CR2E081 (8/05)

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

October 3, 2002

5. FEI Number

☒ 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 S. Flanagan

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

2701 S.E. Maricamp Road.

Suite, Apt. #, Etc.

Suite 104

City

Ocala

State

FL

Zip Code

34471

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]

Date 11-15-05

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
DP	John Kaspar	1808 SE 32nd Lane	Ocala, FL 34471
DV	Ronald G. Gaylord	3681 S.W. 52nd Terrace	Ocala, FL 34482
D	Nancy Gaylord	3681 S.W. 52nd Terrace	Ocala, FL 34482
DST	Traci Kaspar	1808 S.E. 32nd Lane	Ocala, FL 34471
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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 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:

[Signature] JOHN KASPAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-05

Daytime Phone #

352-854-3444