2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000008649

City-St-Zip:

ORLANDO, FL 32826

FILED Jan 23, 2007 Secretary of State

Entity Name: ALAFAYA PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1870 N. ALAFAYA TRAIL ORLANDO, FL 32826 **Current Mailing Address: New Mailing Address:** 1870 N. ALAFAYA TRAIL ORLANDO, FL 32826 FEI Number: 22-3884018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSSINSKY, MARC P ROSE, SCOTT M 1870 N ALAFAYA TRAIL 210 N. WYMORE ROAD WINTER PARK, FL 32789 US ORLANDO, FL 32826 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: SCOTT M. ROSE 01/23/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STRASBERG, JAMES ROSE, SCOTT Name: Name: Address: 1870 N ALAFAYA TRAIL Address: 1870 N ALAFAYA TRAIL City-St-Zip: ORLANDO, FL 32826 City-St-Zip: ORLANDO, FL 32826 Title: () Delete Title: () Change () Addition Name: FARBER, SCOTT Name: Address: 1870 N ALAFAYA TRAIL Address: City-St-Zip: ORLANDO, FL 32826 City-St-Zip: Title: () Delete Title: () Change () Addition MICHAELSON, GARY Name: Name: 1870 N ALAFAYA TRAIL Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SCOTT M. ROSE O 01/23/2007