

1082

((H08000179609 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 24 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000001444

1. Corporation Name
Southern Community Center Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 5100 Clyde Morris Blvd., Suite, Apt. #, etc. Ste 100 City & State Port Orange, FL Zip 32129		3. Mailing Office Address Corporate Facilities Suite, Apt. #, etc. 38 Fountain Square Plz MD 10ATA1 City & State Cincinnati, OH Zip 45263	
Country USA	Country USA	Country USA	Country USA

REINSTATEMENT-06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 2/19/2003

5. FEI Number 030513370 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Fowler White Boggs Banker

Street Address (P.O. Box Number is Not Acceptable)
2235 First Street

Suite, Apt. #, Etc.

City
Fort Myers

State
FL

Zip Code
33914

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 607.0506 or 617.0503, F.S.

Signature of Registered Agent By: Harvey F. Butta Date: July 24, 2008

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	White, William A.	105 Live Oak Gardens MD MDSB1A	Casselberry, FL 32707
D	Moran, William J.	38 Fountain Square Plz MD 10ATA1	Cincinnati, OH 45263
D	Jaconette, Mark	38 Fountain Square Plz MD 10ATA1	Cincinnati, OH 45263

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 disqualification 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: William A. White July 24, 2008 407-571-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

((H08000179609 3)))

201

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000179609 3)))



H080001796093ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : FOWLER WHITE BOGGS BANKER, P.A.
Account Number : I20010000243
Phone : (239)334-7892
Fax Number : (239)985-4846

CORPORATION REINSTATEMENT

SOUTHERN COMMUNITY CENTER CONDOMINIUM ASSOCIATION, I

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$367.50

Electronic Filing Menu

Corporate Filing Menu

Help