

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 AM 10:30

DOCUMENT # **N03474**

1. Corporation Name
CLEARY COURT PROPERTY OWNERS' ASSOCIATION, INC.

100003046081--9
-11/16/99--01082--025
1047.50 *297.50

Principal Place of Business Mailing Address

5950 HAZELTINE NATIONAL DR SUITE 450 ORLANDO FL 32822 US

10 SOUTH SIXTH STREET RICHMOND VA 23219



REINSTATEMENT 95

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/06/1984	
City & State		City & State		5. FEI Number	
Zip		Country		65-0034856	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LAMPERSKI, WALTER J.	2100 Powers Ferry Rd., #350	Atlanta, GA 30339
VD	SURFACE, KATHERYN E.	10 SOUTH SIXTH STREET	RICHMOND VA 23219
TD	FLANAGAN, JAMES T	10 SOUTH SIXTH STREET	RICHMOND VA 23219
SD	GONG, JOSEPH F	7200 SOUTHLAND BLVD, SUITE 151	ORLANDO FL 32800
SD	FULBRIGHT, TERRY	2100 Powers Ferry Rd., #350	Atlanta, GA 30339

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Kim Gallaway Date 11/4/99

REGISTERED AGENT MUST SIGN

11. 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: Katherine E. Surface **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katherine E. Surface
Senior Vice President

Date 10/22/99 Daytime Phone # 804-780-2691

CR25049 (8/99)