



Florida Department of State
Division of Corporations
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To:

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

000162.165309

From:

Account Name : CORPODIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

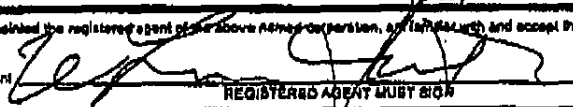
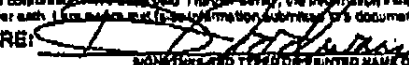
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**CORPORATION REINSTATEMENT
FEATHER SOUND CORPORATE CENTER ASSOCIATION,
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,093.75

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12 APR 19 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #N03919			
1. Corporation Name Feather Sound Corporate Center Association, Inc.			
2. Principal Office Address - No P.O. Box # 3111 W. Dr. Martin Luther King Blvd		3. Mailing Office Address 3111 W. Dr. Martin Luther King Blvd	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33607	Country USA	Zip 33607	Country USA
4. Date incorporated or Qualified To Do Business in Florida June 26, 1984			
5. FRI Number 59-3240911		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DERIVED ☐ 2375 Articles and Regulations required for a Florida corporation			
7. Name and Address of Current Registered Agent Name W. Lawrence Smith Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Boulevard Suite, Apt. #, Etc. Suite 3700 City Tampa		S. HAWKES APR - 2012 EXAMINER	
8. I, being appointed the registered agent of the above named corporation, accept the obligations of section 607.0603 or 617.0603, F.S. Signature of Registered Agent  Date 4/24/12 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
D	Daniel E. Woodward	3111 W. Dr. Martin Luther King Blvd., Ste 300	Tampa, FL, 33607
D	Chase Collier	3111 W. Dr. Martin Luther King Blvd., Ste 300	Tampa, FL, 33607
D	Paul Berkowitz	333 S.E. 2nd Avenue, Ste 4400	Miami, FL 33131
REINSTATEMENT			
1998-2012			
1093.75			
10. E-mail Address: _____ (To be used for future annual report notification)			
11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am making this statement and this information submitted to the Department of State constitutes a true and correct copy as provided for in a 617.133, F.S.			
SIGNATURE: 		Daniel E. Woodward 4/20/12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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