Florida Department of State
Division of Corporations
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.

(((H12000106728 3)))

H12000106728ABC.

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

To: 000162.165309
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT 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.

Email Address: _____

CORPORATION REINSTATEMENT
FEATHER SOUND CORPORATE CENTER ASSOCIATION, INC.

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

Electronic Filing Menu Corporate Filing Menu Help

H12000106728 3

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 #		3. Mailing Office Address	
3111 W. Dr. Martin Luther King Blvd		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

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: June 26, 1984

5. FEI Number: 59-3240911 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $125 Amount required for a Certified Copy

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 | State: FL | Zip Code: 33602

S. HAWKES
APR - 2012
EXAMINER

8. I, being appointed the registered agent of the above named corporation, accept the appointment and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 4/20/12
REGISTERED AGENT MUST SIGN

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

Title	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 reinstated corporation 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 the 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 aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ Daniel E. Woodward 4/20/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #