PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 14 AM 8:42

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DOCUMENT # N04000002072

1. Corporation Name

ORANGE PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**REINSTATEMENT** 05-10

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 235 NO. ORANGE AVE. | 235 NO. ORANGE AVE. |
| Suite, Apt. #, etc.: SUITE 100 | Suite, Apt. #, etc.: SUITE 100 |
| City & State: SARASOTA, FL | City & State: SARASOTA, FL |
| Zip: 34236 Country: US | Zip: 34236 Country: US |

4. Date Incorporated or Qualified To Do Business in Florida: 2/27/2004

5. FEI Number: 20-0811024 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: DUPUIS, ROY

Street Address (P.O. Box Number is Not Acceptable): 235 NO. ORANGE AVE.

Suite, Apt. #, Etc.: SUITE 100

City: SARASOTA State: FL Zip Code: 34236

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

Signature of Registered Agent _____ Date 7/9/10

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 |
|---|---|---|---|
| PD | DUPUIS, ROY | 235 NO. ORANGE AVE. SUITE 100 | SARASOTA, FL 34236 |
| VD | KUNKEL, DANIEL | 235 NO. ORANGE AVE., SUITE 100 | SARASOTA, FL 34236 |
| STD | HAMENT, JOHN | 235 NO. ORANGE AVE., SUITE 100 | SARASOTA, FL 34236 |
| | | | |
| | | | |
| | | | |

10. **E-mail Address:** RDUPUIS@ANCHORBUILDERS.COM
(To be used for future annual report notification)

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. 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.

**SIGNATURE:** _____ Roy Dupuis 7/9/10 941-379-4405

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