

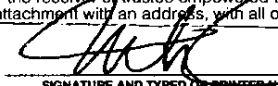


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000009933</b> 1. Entity Name <b>ALOMA OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6001 BRICK COURT WINTER PARK, FL 32792</b>				Mailing Address <b>6001 BRICK COURT WINTER PARK, FL 32792</b>	
2. Principal Place of Business <b>5931 Brick Court</b>		3. Mailing Address <b>5931 Brick Court</b>		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px; font-weight: bold;">05 DEC 27 PM 3:33</div> <div style="font-size: 12px; font-weight: bold;">FLORIDA STATE TALLAHASSEE, FLORIDA</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Winter Park FL</b>		City & State <b>Winter Park, FL</b>			
Zip <b>32792</b>		Country <b>Seminole</b>			
4. FEI Number <b>20-3970958</b>		Applied For Not Applicable		11172005 REIN-NP CR2E099 (6/04)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TROLICE, MARK P 5931 BRICK COURT WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> <div style="font-size: 18px; font-weight: bold;">100062514811</div> <div style="font-size: 14px;">12/30/05--01064--009 **70.00</div> </div> </div> <div style="text-align: center; font-size: 10px; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROLICE, MARK P 5931 BRICK COURT WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBORS, RENE 5971 BRICK COURT SUITE 200 WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERGASON, MARK 5901 BRICK COURT WINTER PARK, FL 32792	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAVEDE, SCOTT 2067 N SAXON BLVD SAXON PLAZA DELTONA, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>MARK P. TROLICE</b>				Date: <b>12/22/2005</b> Daytime Phone #: <b>907 672 1106</b>	