



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000011061		
1. Entity Name DOSS PARK CONDOMINIUM ASSOCIATION, INC.		


FILED  
06 DEC -4 AM 10: 52  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1100 DOSS AVENUE ORLANDO, FL 32809	Mailing Address 1100 DOSS AVENUE ORLANDO, FL 32809
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2. Principal Place of Business 2170 W. S. R. 434 # Suite, Apt. #, etc. #384 City & State Longwood, FL Zip 32779 Country USA	3. Mailing Address 2170 W. S. R. 434 Suite, Apt. #, etc. #384 City & State Longwood, FL Zip 32779 Country USA
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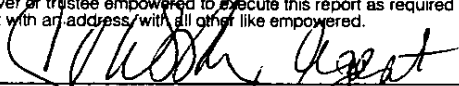
	
11282006 REIN-NP	CR2E099 (11/05) 06
4. FEI Number 20-5944104	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORK, CHERYL 2170 W. S. R. 434 SUITE 384 LONGWOOD, FL 32779	
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7. Name and Address of New Registered Agent Name SANE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE  DATE 11-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 11-28-06 <small>Daytime Phone #</small>