2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011300

FILED Oct 06, 2006 Secretary of State

Entity Name: BALM RIVERVIEW OFFICE PARK OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8615 SOUTH HIGHWAY 301 9412 BALM RIVERVIEW RD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** 8615 SOUTH HIGHWAY 301 1615 118TH AVE NORTH RIVERVIEW, FL 33569 ST PETESBURG, FL 33716 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, BRIAN K 8615 SOUTH HIGHWAY 301 RIVERVIEW, FL 33569 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. SIGNATURE: BRIAN K JOHNSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, BRIAN K Name: Name: Address: 8615 SOUTH HIGHWAY 301 Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SKITSKO, BARRY Name: SKITSKO, G. BARRY Address: 1615 118TH AVENUE NORTH Address: 1615 118TH AVENUE NORTH City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip: ST. PETERSBURG, FL 33716 Title: (X) Delete Title: () Change () Addition ESTES, STEVE Name: Name: 1615 118TH AVENUE NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. BARRY SKITSKO D 10/06/2006