

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -3 PM 2:42

<b>DOCUMENT # N06000001645</b> 1. Entity Name <b>AIRPORT BUSINESS CENTER OFFICE CONDOMINIUMS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4500 140TH AVENUE NORTH SUITE 101 CLEARWATER, FL 33762</b>			Mailing Address <b>4500 140TH AVENUE NORTH SUITE 101 CLEARWATER, FL 33762</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>P.O. Box 17309</b>  Suite, Apt. #, etc.  City & State <b>Clearwater, FL</b>  Zip                      Country <b>33762                      Pinellas</b>			
4. FFI Number <b>20-4325547</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ENGELHARDT, PAUL D 4500 140TH AVENUE NORTH SUITE 101 CLEARWATER, FL 33762</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</b>		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGELHARDT, STEVEN E 4500 140TH AVENUE NORTH #101 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ENGELHARDT, PAUL D 4500 140TH AVENUE NORTH #101 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIECHTNER, LINDA D 4500 140TH AVENUE NORTH #101 CLEARWATER, FL 33762	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 fee empowered.			400110514834 10/09/07--01010--006 **70.00  <b>B 10/5/07</b> <b>REINSTATEMENT</b>		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>9-26-07</b> <small>Daytime Phone #</small>		