

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

09 JAN 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000008597

1. Corporation Name

Hercules Avenue Office Park Association, Inc.

2. Principal Office Address - No P.O. Box #
1973 BONNIE COURT

Suite, Apt. #, etc.

City & State
DUNEDIN, FL

Zip
34698

Country

3. Mailing Office Address
1973 BONNIE COURT

Suite, Apt. #, etc.

City & State
DUNEDIN, FL

Zip
34698

Country

REINSTATEMENT

07-09

12/15/08--07054-018 **297.50

800139026658

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
94-3451222

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
ROBERT L. TANKEL, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1022 MAIN STREET

Suite, Apt. #, Etc.
SUITE D

City
DUNEDIN

State
FL

Zip Code
34698

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

1/16/09

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
DP	GARY LOKEN	1973 BONNIE COURT	DUNEDIN, FL 34698
DVT	LON LOKEN	1973 BONNIE COURT	DUNEDIN, FL 34698
DVS	VIVIAN LOKEN	1973 BONNIE COURT	DUNEDIN, FL 34698

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY LOKEN

Date

1/9/09

727/946-6097

Daytime Phone #

112620