PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 21 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06699

1. Corporation Name

Fourteenth Street Professional Plaza Association, Inc.

300021769873
07/24/03--01064--016 **673.75

2. Principal Office Address		**3.** Mailing Office Address	
1411 S. 14th Street		C/o Sun Group Properties, Inc	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite I		P.O. Box 6132	
City & State		City & State	
Fernandina Beach, FL		Fernandina Beach, FL	
Zip	Country	Zip	Country
32034	USA	32035-6132	USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/1984

5. FEI Number: 592621197 ☐ 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: Frank M. Ridley

Street Address (P.O. Box Number is Not Acceptable): 1585 Regatta Drive

Suite, Apt. #, Etc.:

City: Amelia Island | State: FL | Zip Code: 32034-5558

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 _____ Date 07/21/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P,S,T,D	Anthony F. Lopez	96913 Buccaneer Trail	Amelia Island, FL 32034
D	Jay Crump, O.D.	1528 Blue Heron Lane	Fernandina Beach, FL 32034
D	Patty Shelly-Lohman, Au.D.	961146 Buccaneer Trail	Amelia Island, FL 32034
		AMENDMENT 96-03	

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 under section 119.07(3)(i), 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: _____ Anthony F. Lopez 07/21/2003 904-261-5659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #