


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000000847	
1. Entity Name THE VALENCIA IN OLD HYDE PARK CONDOMINIUM ASSOCIATION, INC.	

FILED

08 OCT 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 45 DAVIS BLVD. TAMPA, FL 33606	Mailing Address 45 DAVIS BLVD. TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # 610 S. Rome Avenue	3. Mailing Address c/o Jacob Real Estate Services, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 607 W. Bay Street

10132008 REIN-NP CR2E099 (1/07)

City & State Tampa, Florida	City & State Tampa, Florida
Zip 33606	Country
Zip 33606	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, HAMILTON 45 DAVIS BLVD. TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name: James C. Jacob Street Address (P.O. Box Number is Not Acceptable) Jacob Real Estate Services, Inc. 607 W. Bay Street City: Tampa FL Zip Code: 33606	
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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 	James C. Jacob	October 13, 2008
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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	D EVJEN, BRIAN 45 DAVIS BLVD. TAMPA, FL 33606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400137019544 10/17/08--01044--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JONES, HAMILTON 45 DAVIS BLVD. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SHEAR, JEFFREY 45 DAVIS BLVD. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
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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: 	Jeffrey Shear	October 13, 2008	(813) 222-6653
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>