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Date: 6/5/2009 Time: 12:26 PM To: 18506176384
Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ROETZEL & ANDRESS
Account Number : I20000000121
Phone : ~~(239) 617-6200~~ 407-835-8563
Fax Number : (239) 261-3659

CORPORATION REINSTATEMENT

REGENT PARK OF ORLANDO CONDOMINIUM ASSOCIATION, INC.

| | |
|-----------------------|---------------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$670.00 |

245.00 per Div. of Corp. Rep.

Electronic Filing Menu

Corporate Filing Menu


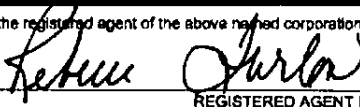
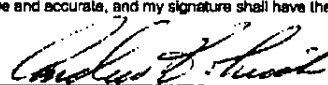
Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|-----------------------------------|---|----------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N07000001950 | | | |
| 1. Corporation Name Regent Park of Orlando Condominium Association | | | |
| 2. Principal Office Address - No P.O. Box # 6972 Lake Gloria Blvd. | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Orlando, Florida | | City & State | |
| Zip 32809 | Country USA | Zip | Country |
| 7. Name and Address of Current Registered Agent Name Leland Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 6972 Lake Gloria Blvd. Suite, Apt. #, Etc. City Orlando | | 4. Date Incorporated or Qualified To Do Business in Florida 2/23/07 5. FEI Number 20-8573846 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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 5/26/09 | |
| 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 |
| P | Andrew J. Bolnick | 3001 Countryside Blvd. | Clearwater, FL 33761 |
| S, T | Erica Anderson | 3001 Countryside Blvd. | Clearwater, FL 33761 |
| VP | Elisabeth Gilbertson | 10200 Regent Park Dr. | Orlando, FL 32825 |
| | | | |
| | | | |
| | | | |
| 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:  Andrew Bolnick SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5-31-09 Daytime Phone # 727 326-1000 | | | |

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B. Mitchell JUN 6 2009