

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10 DEC 30 PM 4:23

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000002748

1. Corporation Name

UNIVERSITY-ECON VILLAGE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

156 Geneva Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 620729

Suite, Apt. #, etc.

City & State

Oviedo, Florida

City & State

Oviedo, Florida

Zip

32765

Country

USA

Zip

32762

Country

USA

7. Name and Address of Current Registered Agent

Name

Killgore, Pearlman, Stamp, Ornstein & Squires, P.A.

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

2 South Orange Avenue

Suite, Apt. #, Etc.

5th Floor

City

Orlando

State

FL

Zip Code

32801

REINSTATEMENT

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CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2007

5. FEI Number

208705102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

S. HAWKES

DEC 30 2010

EXAMINER

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

Martin J. Atkinson
REGISTERED AGENT MUST SIGN

Date 12/27/2010

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	Terry W. Vargo	156 Geneva Drive	Oviedo, Florida 32765
S	Gloria Dunmire	156 Geneva Drive	Oviedo, Florida 32765
Dir	John A. Ackley	156 Geneva Drive	Oviedo, Florida 32765
Dir	Timothy M. Slattery	156 Geneva Drive	Oviedo, Florida 32765
Dir	Greg E. Smith	156 Geneva Drive	Oviedo, Florida 32765

10. E-mail Address: tvargo@mycbfl.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Terry W. Vargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2010

407-425-1020

Date

Daytime Phone #

REINSTATEMENT