


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000007322	
1. Entity Name DALE MABRY TOWN CENTER PROPERTY OWNERS ASSOCIATION, INC.	

FILED
08 DEC 17 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O THE MITCHELL COMPANY, INC. 3928 SUMMIT BLVD., #18 PENSACOLA, FL 32503	Mailing Address C/O THE MITCHELL COMPANY, INC. 3928 SUMMIT BLVD., #18 PENSACOLA, FL 32503
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address C/o The Mitchell Co. Inc Suite, Apt. #, etc. PO Box 160306
Suite, Apt. #, etc.	City & State Mobile, AL
City & State	Zip 36616
Country	Country



REINSTATEMENT 08

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, DONALD P C/O THE MITCHELL COMPANY, INC. 3928 SUMMIT BLVD., #18 PENSACOLA, FL 32503	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Donald P. Kelly DATE 12/01/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	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 KELLY, DONALD P 41 WEST I-65 SERVICE RD N, SUITE 300 MOBILE, AL 36608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139133275 12/18/08--01028--007 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESCH, PAUL 41 WEST I-65 SERVICE RD N, SUITE 300 MOBILE, AL 36608 <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	D BORDEN, JANE 1000 NICOLLET MALL, TNP-1277 MINEAPOLIS, MN 55403 <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
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
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

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: Donald P. Kelly DATE 12/12/08 251-345-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #