1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
12 JUL 16 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08000001161

1. Corporation Name

Citrus Medical and Executive Office Park Condominium Association, Inc.

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
14860 Montfort Drive		14860 Montfort Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 205		Suite 205	
City & State		City & State	
Dallas TX		Dallas	
Zip	Country	Zip	Country
75254	USA	75254	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Maria Ozaeta — REGISTERED AGENT MUST SIGN

Maria Ozaeta
Vice President

Date: 7-13-12

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
D	Nick DiGiuseppe	14860 Montfort Dr - Suite 205	Dallas TX 75254

10. E-mail Address: southbrook@icnet.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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Nick DiGiuseppe, Director — 07/13/12 — 972-960-9941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL016 - 01/19/2011 C T System Online

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
CITRUS MEDICAL AND EXECUTIVE OFFICE PARK CONDOMINIUM

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