

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 24 AM 10:14



12042007 REIN-NP

CR2E099 (1/07)

07

DOCUMENT # N09968 1. Entity Name TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business ONE EAST TELECOM PKWY TAMPA, FL 33637			Mailing Address ONE EAST TELECOM PKWY TAMPA, FL 33637 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 301 S. New York Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 200			
City & State		City & State Winter Park FL			
Zip 32789	Country USA	4. FEI Number 59-2777936		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 UTTER, PATRICK L 3003 TAMIAMI-TRAIL NORTH STE 400 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Robert R. Horton Street Address (P.O. Box Number is Not Acceptable) 40 Tampa Telecom Park Owners Assoc Inc 301 S. New York Ave, Ste 200 City Winter Park FL Zip Code 32789		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Robert R. Horton <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 12/4/07	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ALTER, HAL 750 CANYON DR. COPPELL, TX 75019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100113135651 12/14/07--01010--004 **236.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DEAK, FRANKLIN ONE EAST TELECOM PKWY TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100113135651 01/29/08--01039--006 **51.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KELLY, CHRIS 750 CANYON DR. COPPELL, TX 75019	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	31/28/08 REINSTATEMENT 07-08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Robert R. Horton		DATE 12/4/07	DAYTIME PHONE # 407 691-0505