

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 23 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


900170296549

02/24/10--01001--003 **612.50

05/31/00 90045 015 \$150.00 ***\$88.75

KS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 110000001849

1. Corporation Name
Care Drive Office Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # <u>2580 Care Drive</u>		3. Mailing Office Address <u>8125 Glenmore Drive</u>	
Suite, Apt. #, etc. <u>Unit #4</u>		Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32308</u>	Country <u>USA</u>	Zip <u>32312</u>	Country <u>USA</u>

REINSTATEMENT 01-10

4. Date Incorporated or Qualified To Do Business in Florida <u>4-1-1999</u>		
5. FEI Number <u>59-3656747</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name
Janice G. Corbin

Street Address (P.O. Box Number is Not Acceptable)
8125 Glenmore Drive

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32312

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
Janice G. Corbin

REGISTERED AGENT MUST SIGN

Date
2/22/10

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
Director/Pres.	<u>Melvin L. Pope, III</u>	<u>2580 Care Drive, Unit #1</u>	<u>Tallahassee, FL 32308</u>
V.P./Secy/Treas.	<u>Janice G. Corbin</u>	<u>8125 Glenmore Drive</u>	<u>Tallahassee, FL 32312</u>
Director	<u>David L. Corbin</u>	<u>2580 Care Drive, Unit #4</u>	<u>Tallahassee, FL 32308</u>
Director	<u>Terry Ryan</u>	<u>2580 Care Drive, Unit #2</u>	<u>Tallahassee, FL 32308</u>
Director	<u>George Ewing</u>	<u>2580 Care Drive, Unit #3</u>	<u>Tallahassee, FL 32308</u>

10. E-mail Address: jq.corbin831@yahoo.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: Janice G. Corbin Janice G. Corbin, V.P./Treasurer 2/22/10 (850) 814-0593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
2/22/10

Daytime Phone #
(850) 814-0593