

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -5 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10716

1. Corporation Name

Orlando Executive Center Property Owners'
Association, Inc.

Principal Place of Business

Mailing Address

2611-Technology-Drive
Orlando, FL--32804

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1266 Furnace Brook Pkwy

Suite, Apt. #, etc.

City & State
Quincy, MA

Zip
02169

Country
USA

3. New Mailing Office Address, If Applicable

1266 Furnace Brook Pkwy

Suite, Apt. #, etc.

City & State
Quincy, MA

Zip
02169

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/15/85

5. FEI Number

59-2865371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 92-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D/T	Mark P. Dickinson	1266 Furnace Brook Pkwy	Quincy, MA 02169
VP/D	Edward W. Shaw	1266 Furnace Brook Pkwy	Quincy, MA 02169
S/D	Margaret T. Bjork	1266 Furnace Brook Pkwy	Quincy, MA 02169
			000003215289 5 -04/19/00--01099--025 ****735.00 ****735.00

8. Name and Address of Current Registered Agent

Resigned 3/22/93
Hal H. Kantor
215 N. Eola Drive
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name

Patrick K. Rinka

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

215 N. Eola Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patrick K. Rinka

REGISTERED AGENT MUST SIGN

Date 3-7-00

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK C DICKINSON

Date

Daytime Phone #

3/14/00 617-7701855

KE

CR2E040 (12/96)