APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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06 DEC 28 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1082

DOCUMENT # N15037

1. Corporation Name

Fairmount Cinema Square Owners Assn., Inc.

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
500 S. Florida Ave.	
Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc.
City & State Lakeland, Florida	City & State
Zip 33801 County Polk	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/21/1986

5. FEI Number 592779498 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Peter McFarlane

Street Address (P.O. Box Number is Not Acceptable): 500 S. Florida Ave.

Suite, Apt. #, Etc.: Suite 700

City: Lakeland | State: FL | Zip Code: 33801

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: Robert McFarlane — REGISTERED AGENT MUST SIGN — Date: 12/26/6

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
DP	Lawrence T. Maxwell	500 S. Florida Ave., Suite 700	Lakeland, Florida 33801
D	John Tubb	500 S. Florida Ave., Suite 700	Lakeland, Florida 33801
DST	Benjamin Falk	500 S. Florida Ave., Suite 700	Lakeland, Florida 33801
AS/AT	Bridget Ebdrup	500 S. Florida Ave., Suite 700	Lakeland, Florida 33801

10. 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 contained in Chapter 119, 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: Lawrence T. Maxwell — 12/26/6 (Date) — (863) 647-1581 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State

Division of Corporations
Public Access System

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292

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

FAIRMOUNT CINEMA SQUARE OWNERS ASSN., INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$428.75