

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2012 MAY 21 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16464

1. Corporation Name

LINPRO COMMERCE CENTER PROPERTY OWNERS' ASSOCIATION, INC., a Florida corporation

2. Principal Office Address - No P.O. Box #

c/o Butters Realty & Management, LLC, 6820 Lyons Technology Circle

3. Mailing Office Address

c/o Butters Realty & Management, LLC, 6820 Lyons Technology Circle

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

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CR2E081 (11/10)

97-12

4. Date Incorporated or Qualified To Do Business in Florida 08/21/1986

5. FEI Number 232543356 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Butters Realty & Management, LLC

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

6820 Lyons Technology Circle

Suite, Apt. #, Etc.

Suite 100

City

Coconut Creek

State

FL

Zip Code

33073

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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

Malcolm Butters

Date 5-12-12

REGISTERED AGENT MUST SIGN

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
P/T	Malcolm Butters	6820 Lyons Technology Circle Suite #100	Coconut Creek, FL 33073
VP	Andrew Brahms	3563 NW 53rd Court	Fort Lauderdale, FL 33309
Sec.	Frank Ruff	2890 NW 53rd Court	Fort Lauderdale, FL 33309

10. E-mail Address:

MSBUTTERS@BUTTERS.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-12

Date

9545708111

Daytime Phone #