

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR -5 AM 7:43

DOCUMENT # N16849

1. Corporation Name

FOXBRIDGE III OFFICE COMPLEX OWNERS ASSOCIATION, INC.

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

2631 NW 41ST STREET

3. Mailing Office Address

4400 NW 36TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

GAINESVILLE

Zip
32606

Country
USA

Zip
32606

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1986

5. FEL Number

59-2739818

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
TRIPPE, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)
4400 NW 36TH AVENUE

Suite, Apt. #, Etc.

City
GAINESVILLE

State
FL

Zip Code
32606

☒ 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

Date 3-31-07

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
PD	BOST, COY	P.O. BOX 13806	GAINESVILLE, FL 32604
VPD	BURNS, JOE	4639 NW 53RD AVENUE	GAINESVILLE, FL 32606
STD	HAYES, JACK	2631 - D1 NW 41ST STREET	GAINESVILLE, FL 32607
D	DOWNEY, KEVIN	2631 NW 41ST STREET	GAINESVILLE, FL 32606
D	CANNON, DAVID	5009 NE 77TH AVENUE	GAINESVILLE, FL 32609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07 352-377-0625