

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 16 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18618

1. Corporation Name

South Seas Center Condominium Association Inc.

2. Principal Office Address

7101 Presidents Dr

Suite, Apt. #, etc.

#350

City & State

Orlando, FL

Zip

32809

Country

U.S.A

3. Mailing Office Address

7101 Presidents Dr

Suite, Apt. #, etc.

#350

City & State

Orlando, FL

Zip

32809

Country

U.S.A

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/5/87

5. FEI Number

59-2782933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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1993-2005 Rei
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

John N. Park

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

7101 Presidents Dr

Suite, Apt. #, Etc.

#350

City

Orlando

State

FL

Zip Code

32809

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 9/16/05

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
Pres/D	John N. Park	7101 Presidents Dr. #350	Orlando, FL 32809
D	Christine J. Park	7101 Presidents Dr. #350	Orlando, FL 32809
D	David Park	7500 Daetwyler Dr.	Orlando, FL 32812

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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 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Park

9/16/05 (407)240-0110

Date

Daytime Phone #