

FROM: HK...

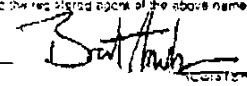
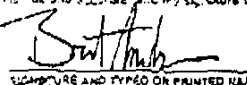
FPK NO.: 4072445288

07-26-07 10:05A P.02
15:26:09 07-26-2007 5/3

PLEASE READ ALL INSTRUCTIONS BEFORE

2007 JUL 26 PM 3:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20471			
1. Corporation Name The Center of Commerce at Orlando Owners' Association, Inc.			
2. Principal Office Address - No P.O. Box # c/o RREEF 601 South Lake Destiny Road		3. Mailing Office Address c/o RREEF 601 South Lake Destiny Road	
Suite, Apt., etc. Suite 190		Suite, Apt., etc. Suite 190	
City & State Maitland Florida		City & State Maitland, Florida	
Zip 32751 Country USA		Zip 32751 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/05/1987			
5. FE Number 592965059		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Bret Anderson Street Address (No P.O. Box Number - Not Applicable) c/o RREEF 601 South Lake Destiny Road Suite 190 Maitland State FL Zip Code 32751			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S. Signature of Registered Agent:  Date: _____ REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P D	Bret Anderson	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751
VPD	John Frederick	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751
S D	Laura Tyson	c/o RREEF 601 South Lake Destiny Road	Maitland, Florida 32751
10. I certify that I am an officer or director of the corporation 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 paid by the corporation have been paid and the names of individuals used 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: 		7-25-07 (407) 438-1440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRET ANDERSON		Date Office Phone #	

REINSTATEMENT

CR2E081 (1/07)

☒ 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.

FROM: HK

FAX NO.: 4872445288

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Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : HOLLAND & KNIGHT
Account Number : 075350000340
Phone : (407) 425-8500
Fax Number : (407) 244-5288

CORPORATION REINSTATEMENT

THE CENTER OF COMMERCE AT ORLANDO OWNERS' ASSOCIATIO

Certificate of Status	0
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