

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
04 JUN 14 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25488

1. Corporation Name

COLUMBIA CENTER CONDOMINIUM ASSOCIATION,
INC.

2. Principal Office Address

1200 Sligh Boulevard

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

USA

3. Mailing Office Address

1200 Sligh Boulevard

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32806

Country

USA

REINSTATEMENT 89-04

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

03/18/88

5. FEI Number

59-2905137

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

William P. Weatherford, Jr.

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

1150 Louisiana Avenue

Suite, Apt. #, Etc.

Suite 4

City

Winter Park

State
FL

Zip Code

32789

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

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	Richard K. McClung, D.M.D.	1224 Sligh Boulevard	Orlando, Florida 32806
VP	Michael J. Cohen, M.D.	1200 Sligh Boulevard	Orlando, Florida 32806
S,T,D	Barbara Hansen, M.D.	1200 Sligh Boulevard	Orlando, Florida 32806

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:

Michael J. Cohen *Barbara Hansen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/26/04

Daytime Phone #

407-648-4323

CR2E081 (9/01)