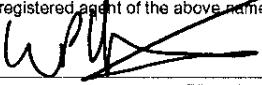
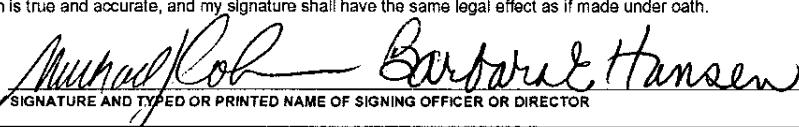


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------------------------|---------------|--|---|---------------------------|----|----------------------------|----------------------|------------------------|----|------------------------|----------------------|------------------------|-------|----------------------|----------------------|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT # N25488 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name COLUMBIA CENTER CONDOMINIUM ASSOCIATION, INC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address 1200 Sligh Boulevard Suite, Apt. #, etc. | | 3. Mailing Office Address 1200 Sligh Boulevard Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Orlando, FL | | City & State Orlando, FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 32806 | Country USA | Zip 32806 | Country USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> \$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 900037948819 Suite, Apt. #, Etc. Suite 4 06/15/04-01014-010 ***115.00 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 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>Richard K. McClung, D.M.D.</td> <td>1224 Sligh Boulevard</td> <td>Orlando, Florida 32806</td> </tr> <tr> <td>VP</td> <td>Michael J. Cohen, M.D.</td> <td>1200 Sligh Boulevard</td> <td>Orlando, Florida 32806</td> </tr> <tr> <td>S,T,D</td> <td>Barbara Hansen, M.D.</td> <td>1200 Sligh Boulevard</td> <td>Orlando, Florida 32806</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | 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 | | | | | | | | | | | | |
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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:  5/26/04 407-648-4323 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |