

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 OCT 10 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N27746**

**1. Corporation Name**

MARINER PROFESSIONAL BUILDING OWNERS ASSOCIATION, INC.

**2. Principal Office Address**

7135 Mariner Boulevard

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip  
34609

Country  
USA

**3. Mailing Office Address**

7135 Mariner Boulevard

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip  
34609

Country  
USA

CR2E081 (12/05)

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

08/04/1988

**5. EEL Number**

59-2908571

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

Paul H. Nessler, Jr.

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

10002 Cortez Boulevard

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34613

**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

*Paul H. Nessler, Jr.*

Date 10/5/06

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	Ronald E. Myers	7135 Mariner Boulevard	Spring Hill, FL 34609
STVD	Kathleen A. Kiefer	7135 Mariner Boulevard	Spring Hill, FL 34609
		TS. 10/16/06	
		200080694682	
		10/10/06-01055-029 ***512 50	

**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:**

*Kathleen A. Kiefer*

KATHLEEN A. KIEFER

10/6/2006

352-238-5457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #