

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 PM 4:45

DOCUMENT # N29004

1. Corporation Name

BRECKENRIDGE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1970 BARBER ROAD
SARASOTA FL 34240

1970 BARBER ROAD
SARASOTA FL 34240



REINSTATEMENT

00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1950 BARBER ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1950 BARBER ROAD
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1988

5. FEI Number

65-0308662

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ELLWOOD, KEVIN D	1070 BARBER ROAD	SARASOTA FL 34240
D	ALLEN RICHARD G.	3847 S. SCHOOL AVE	SARASOTA, FL 34239
D	ELLWOOD, MARCELLA	1070 BARBER ROAD	SARASOTA FL 34240
D	BORDNER CARL	2489 DAVIS BLVD.	SARASOTA, FL 34237
D	BORDNER, LARRY	1950 BARBER ROAD	SARASOTA FL 34240
			200003508872--1 -12/20/00--01053--020 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

ELLWOOD, MARCELLA
1970 BARBER RD
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name CARL BORDNER
Street Address (P.O. Box Number is Not Acceptable)
2489 DAVIS BLVD.
Suite, Apt. #, Etc.

City SARASOTA

State FL Zip Code 34237

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Carl Bordner
REGISTERED AGENT MUST SIGN

Date 12-14-00

11. 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.

AD

SIGNATURE:

Carl Bordner 12-14-00 (941) 365-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL BORDNER
Date Daytime Phone #