

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29007**

1. Corporation Name
INTERCHANGE COMMERCE PARK ASSOCIATION, INC.

FILED
96 NOV 15 AM 8 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3916 CLEVELAND AVE FT MYERS FL 33901-5685



REINSTATEMENT 1996 *MWB 11-20-96*

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/28/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0087720	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	SYMONDS, C.M., JR.	3916 CLEVELAND AVENUE	FORT MYERS FL 33901
VO	GOLDBERG, MORTON A.	1515 BROADWAY AVENUE	FORT MYERS FL
STB	SMITH, JAMES R.	3916 CLEVELAND AVENUE	FORT MYERS FL 33901
STD	Ahrens, Marcene K	3916 Cleveland Avenue	Fort Myers, FL 33901
			70000201 1577--3 -11/21/96--01089--025 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, MORTON A. 1515 BROADWAY FORT MYERS FL 33901	Name Symonds, C.M. Jr. Street Address (P.O. Box Number is Not Acceptable) 3916 Cleveland Avenue Suite, Apt. #, Etc. City Fort Myers State FL Zip Code 33901
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **11-12-96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: *[Signature]* **SIGNATURE REQUIRED** Date **11-12-96** 941/936-4114
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS 2000 (7/95)