Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				· <del></del> .		1			- Sec.	72.5		
	DRATION ATEMENT	FL	ORIDA DEPART Secretary DIVISION OF CO	of State	STATE		04 FE	B 12	PM I	: 26		
DOCUM  1. Corporation	5.0	3040					TALLA	ETARY ( HASSEE	FL(	RIDA	ı	
	LVIEW PAR							<b>-</b>	فتهدو		m . #	,
2. Principal Off	ice Address	3.	Mailing Office Addres	<u> </u>		HEIN	STATI	ME	NI	4)	1-0	2
	RAND BAY	4	6 N. WASH	INGTON	BLVD.		A		•	7	18	$\mathcal{T}$
Suite, Apt. #, etc #245	<b>.</b>	Su #	ite, Apt. #, etc. 1				orated or Qualifie		/20/	//	// <u>~</u>	Ĺ
City & State			y & State	1,300		5. FEI Numbe			/29/	Applied		1
	AT KEY, F	L S	ARASOTA,	FL		_	43251			Not Ap		
<sup>Zip</sup> 34228	Country	3 3	4236	Country		6. CERTIFICATE	OF STATUS DESIF		5 Additi r a Certi		required Status	
			7. Name and A		ent Registe					_		
	Street Address (P.O. Bo 46 N. WA Suite, Apt. #, Etc.					02/24	)0029; /040101	2 <b>36</b> 3 3015	3€## <u>3</u>	7 <u>1</u> 2	5	
S	#1											
. 0	SARASOTA						FL 34	236				
	nointed the registered a	gent of the above no		<u>ent sig</u>			on 607,0505 or 61	7.0503, F.S.				CR2E081 (01/04)
9. Names and	d Street Addresses of E	ach Officer and/or I	Director (Florida nonpro	fit corporations	must list at l	east 3 directors)						
Titles		ame of ad/or Directors			dress of Each			City / Stat	e / Zip			
D,P,S,I	HOWARD,	FRED	3040	GRAND	BAY	#245	LONGE	OAT K	EY,	FL	342	8
D,V	HOWARD,	LOIS	3040	GRAND	BAY,	#245	LONGE	OAT K	EY,	FL	342	8
D	HOWARD,	BBARRY	3040	GRAND	BAY,	#245	LONGE	OAT K	EY,	FL	342	8
						62/2	0002: 24/04010	929E	53C 6 *	)6 *8.75		
	A 5/4-	10Pe			<del></del>	THE BLANK BAR						
this reinsta	at I am an officer or dire atement application, the he corporation have bee plication is true and acc	reason for dissolute on paid and the nam	ion has been eliminated les of individuals listed :	i, the corporate i on this form do r	name satisfic not qualify fo	es the requirement or an exemption un	s of section 607.0	401 or 617.04	4U1, F.S	., that all	rees	

SIGNATURE: SOUND THOUSAND THOUSAND, NAME OF SIGNAL OF THE OR DIRECTOR

De RA Signature

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCL	IMEN	T #	NZZNAN
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SARASOTA

1. Corporation Name

HILLVIEW PARK MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

				}	`	
2. Principal Office Ad	dress	3. Mailing Office A	Address	,		
3040 GRA	ND BAY	46 N. WA	SHINGTON BLV	VD.		
Suite, Apt. #, etc. <b>‡ 2 4 5</b>		Suite, Apt. #, etc.				
		#1		4. Date Incorporated or Qualified To Do Business in Florida		
City & State		City & State		10 DO Business III Fiorida	06/29/1989	
LONGBOAT KEY, FL  Zip 34228  Country		SARASOTA, FL		5. FEI Number 65-0143251	Applied For Not Applicable	
		Zip 34236	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
		7. Name a	and Address of Current Reg	gistered Agent		
Street A	ddress (P.O. Box Number	E SERVICES, is Not Acceptable)	INC.			
	N. WASHIN	GTON BLVD.				
#1						
City				State Zip Code		

6. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of	f section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	Date 3/9/04
JOHN PATTERSOMS SEED PRESIDENT	
	· · · · · · · · · · · · · · · · · · ·

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
HOWARD, FRED	3040 GRAND BAY #245	LONGBOAT KEY, FL 342			
HOWARD, LOIS	3040 GRAND BAY, #245	LONGBOAT KEY, FL 342			
HOWARD, BARRY	3040 GRAND BAY, #245	LONGBOAT KEY, FL 342			
	HOWARD, FRED	HOWARD, FRED  3040 GRAND BAY #245  HOWARD, LOIS  3040 GRAND BAY, #245			

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.

HE OFFICER OR DIRECTOR

Daytime Phone #

34236

CR2E081 (01/04)