Jul. 20. 2012 9:08AM

APPROVED
AM 5483 P. 2
(((H12000186698 3)))
FILED

12 JUL 20 AM 11:39
12 JUL 19 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33376

1. Corporation Name

FT. PIERCE BUSINESS PARK PHASE II PROPERTY OWNERS ASSOCIATION, INC.

REINSTATEMENT 07-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4100 Selvitz Rd	4100 Selvitz Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce, FL	City & State: Fort Pierce, FL
Zip: 34981 Country: St. Lucie	Zip: 34981 Country: St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida: 07/20/1989

5. FEI Number: 650203792 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHELE NOBLES

Street Address (P.O. Box Number is Not Acceptable): 4100 Selvitz Rd

Suite, Apt. #, Etc.:

City: Fort Pierce, FL State: FL Zip Code: 34981

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Michele Nobles Date: 7/18/2012

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	MICHELE NOBLES	4100 Selvitz Rd	Fort Pierce, FL 34981
TD	JOHN TOMPECK	1701 S 37th Street	Fort Pierce, FL 34947
SD	WILLIAM BALDWIN	1701 S 37th Street	Fort Pierce, FL 34947

10. E-mail Address: snobles@wasteprousa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Michele Nobles 7/18/2012 772-595-9390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUL 20 2012

(((H12000186698 3))) A. DUNLAP

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000186698 3)))

H12000186698 3ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772)461-5020
Fax Number : (772)468-8461

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
FT. PIERCE BUSINESS PARK PHASE II PROPERTY OWNERS AS

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$603.75

-542.50

Electronic Filing Menu Corporate Filing Menu Help