FILED

02 DEC 18 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-02

400009240314
11/27/02--01061--004 **935.00

DOCUMENT # N36680

1. Corporation Name

Central Park Industrial Subdivision Owners Association, Inc.

2. Principal Office Address	3. Mailing Office Address
421 South Pine Avenue	421 South Pine Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL 34474	City & State: Ocala, FL 3
Zip: 34474 Country: USA	Zip: 34474 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/19/90

5. FEI Number: ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional charge for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ms. Debbie Davis c/o The M. Ware Company

Street Address (P.O. Box Number Is Not Acceptable): 522 Park Street

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32204

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: Debbie Davis Date: 11/25/02

REGISTERED AGENT MUST SIGN

CR2E031 (4/01)

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
P/D	Walter E. Ware, Sr.	The M. Ware Co. 522 Park Street	Jacksonville, FL 32204
VP/D	Walter E. Ware, Jr.	Ware Family Realty 522 Park Street	Jacksonville, FL 32204
T/D	Debbie Davis	c/o The M. Ware Company 522 Park Street	Jacksonville, FL 32204
S/D	Joyce Singleton	The Thermoclad Company 320 S.W. 27th Avenue	Ocala, FL 34474

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.

SIGNATURE: W. E. Ware Jr. 11-25-02 904-354-0282

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