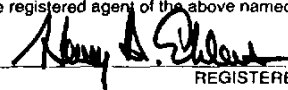


APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUL 17 AM 8:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																									
DOCUMENT #		N38289																																											
1. Corporation Name Tealbrooke Professional Park Property Owners Association, Inc.																																													
Principal Place of Business 925 SW 17th Street Ocala, FL 34471		Mailing Address See Change below																																											
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																													
2. New Principal Office Address, If Applicable 2403 SE 17th Street Suite, Apt. #, etc. Suite 101 City & State Ocala, FL Zip 34471 Country USA		3. New Mailing Office Address, If Applicable 2403 SE 17th Street Suite, Apt. #, etc. Suite 101 City & State Ocala, FL Zip 34471 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 05/21/1990																																									
				5. FEI Number 59-2880941 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)																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td></tr><tr><td>D</td><td></td><td></td><td></td></tr><tr><td>Pres.</td><td>Henry A. Ehlers</td><td>2403 SE 17th St., Ste. 101</td><td>Ocala, FL 34471</td></tr><tr><td>Dir.</td><td>Gary Thurston</td><td>2405 SE 17th St., Ste. 301</td><td>Ocala, FL 34471</td></tr><tr><td>Dir.</td><td>Frank Vero</td><td>2300 SE 17th Street</td><td>Ocala, FL 34471</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	1	2	3	4	D				Pres.	Henry A. Ehlers	2403 SE 17th St., Ste. 101	Ocala, FL 34471	Dir.	Gary Thurston	2405 SE 17th St., Ste. 301	Ocala, FL 34471	Dir.	Frank Vero	2300 SE 17th Street	Ocala, FL 34471																
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8. Name and Address of Current Registered Agent Gus Galloway P.O. Box 113 Ocala, FL 34478																																													
9. Name and Address of New Registered Agent Name Henry A. Ehlers Street Address (P.O. Box Number is Not Acceptable) 2403 SE 17th Street, Suite, Apt. #, Etc. Suite 101 City Ocala State FL Zip Code 34471																																													
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  Date 7-23-99 REGISTERED AGENT MUST SIGN																																													
11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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)(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:  7-23-99 (352) 351-3611 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HENRY A. EHLERS																																													