

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 NOV 10 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50463

1. Corporation Name

GEORGETOWN PROFESSIONAL OFFICE PARK,
SECTION 1, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

12000 N. Dale Mabry Hwy.
Suite 212
Tampa, Florida 33618

12000 N. Dale Mabry Hwy.
Suite 212
Tampa, Florida 33618

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.		8/20/92	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3185736	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
P, D	Michael G. Damone	850 Stephenson Highway Suite 200	Troy, Michigan 48083
V, D	Daniel R. Andrew	850 Stephenson Highway Suite 200	Troy, Michigan 48083
T, D	Kim O. Wilkins	850 Stephenson Highway Suite 200	Troy, Michigan 48083
S	James E. White	850 Stephenson Highway Suite 200	Troy, Michigan 48083

8. Name and Address of Current Registered Agent

Timothy S. Shaw, Esq.
Kirk Pinkerton, P.A.
720 South Orange Avenue
Sarasota, Florida 34236

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/7/97

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)(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:

Michael G. Damone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael G. Damone, President

10/16/97

(248) 583-6020

CR2E040 (12/96)