PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 15 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51056

REINSTATEMENT 94-03

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04/09/03--01011--005 **787.50

1. Corporation Name

SCOTSDALE PROFESSIONAL CENTER
CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address		**3.** Mailing Office Address	
1460 BELTREES ST		28163 U.S. HWY 19 N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		SUITE 204	
City & State		City & State	
DUNEDIN, FL		CLEARWATER, FL	
Zip	Country	Zip	Country
34698	USA	33761	USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/24/92

5. FEI Number: 59-3145275 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOHN W. BOSLEY

Street Address (P.O. Box Number is Not Acceptable): 2876 KNOLLWOOD CT

Suite, Apt. #, Etc.:

City: CLEARWATER | State: FL | Zip Code: 33761

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.

X _____ Signature of Registered Agent
REGISTERED AGENT MUST SIGN

X 4-4-03 Date

CR2E081 (10/02)

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
D	JOHN W. BOSLEY	2876 KNOLLWOOD CT	CLEARWATER, FL 33761
D	EDNA L. BOSLEY	2876 KNOLLWOOD CT	CLEARWATER, FL 33761
PD	PHIL M. YOUNG	904 HAMMOCK PINE BLVD	CLEARWATER, FL 33761

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: X Edna L Bosley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-4-03 Date

X 727-796 4486 Daytime Phone #

gf 4/15