

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 90 MAR -4 PM 2:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #N96000004462

1. Corporation Name
ENTERPRISE PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
160 BOSTON AVENUE 160 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

REINSTATEMENT

47-99
 (Signature)

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

8/27/96

5. FEI Number
59-3325924

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHN L. ISLER	160 BOSTON AVENUE	ALTAMONTE SPRINGS, FL 32701
D	HARRY R. PAPPAS	160 BOSTON AVENUE	ALTAMONTE SPRINGS, FL 32701
D	ROBERT B. FELDMAN	160 BOSTON AVENUE	ALTAMONTE SPRINGS, FL 32701
D	JOSE LUIS PINO y TORRES	702 FAIR OAKS LANE	MAITLAND, FLORIDA 32751
D	MARIA-LUISA G. PINO	702 FAIR OAKS LANE	MAITLAND, FLORIDA 32751
D	MARIA LUISA PINO	702 FAIR OAKS LANE	MAITLAND, FLORIDA 32751

8. Name and Address of Current Registered Agent

JOHN L. ISLER
160 BOSTON AVENUE
ALTAMONTE SPRINGS, FLORIDA 32701
300002800253--0
-03/10/99--01004--007
******358.75 ****358.75**

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
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent
 (Signature)
 REGISTERED AGENT MUST SIGN

Date **March 3, 1999**

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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John L. Isler, M.D.

March 3, 1999 **407-834-7776**
 Date Daytime Phone #

CR200-112-95