

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

**160 BOSTON AVENUE**

**ALTAMONTE SPRINGS, FL 32701**

Mailing Address

**160 BOSTON AVENUE**

**ALTAMONTE SPRINGS, FL 32701**

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

**REINSTATEMENT**

47-99  
CW

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

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 #

CR2503 112 95