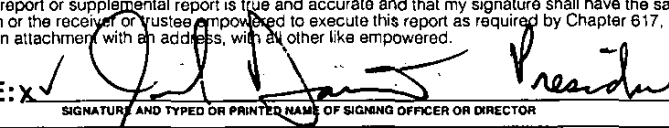


NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 FEB 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004944			
1. Entity Name B.F. INDUSTRIAL CENTER OWNERS' ASSOCIATION, INC.			
Principal Place of Business 9792 WINDISCH RD WESTCHESTER, OH 45069		Mailing Address 9792 WINDISCH RD WESTCHESTER, OH 45069	
2. Principal Place of Business 4841 WAYCROSS ROAD		3. Mailing Address 4507 SE 16TH PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS, FL		City & State CAPE CORAL, FL	
Zip 33905 Country UNITED STATES		Zip 33904 Country USA	
4. FEI Number 31-1480072		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KANTER, JOHN E 701 LAKEVIEW DR MIAMI, FL 33140		7. Name and Address of New Registered Agent Name ANTHONY M. CONSTANTINO Street Address (P.O. Box Number is Not Acceptable) 4507 SE 16TH PLACE City CAPE CORAL FL Zip Code 33904	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		SIGNATURE: ANTHONY M. CONSTANTINO 12/6/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTD	NAME KANTER, JOHN E	TITLE PTD	NAME JERRY BAUMGARTNER
STREET ADDRESS 4770 BISCAYNE BLVD, #1150	CITY-ST-ZIP MIAMI, FL 33137	STREET ADDRESS 4841 WAYCROSS ROAD	CITY-ST-ZIP FORT MYERS, FL 33905
TITLE VPSD	NAME WILDERMUTH, ROBERT E	TITLE	NAME
STREET ADDRESS 9792 WINDISCH RD	CITY-ST-ZIP WEST CHESTER, OH 45069	STREET ADDRESS	STREET ADDRESS
TITLE D	NAME KANTER, JOSEPH H	TITLE	NAME
STREET ADDRESS 4770 BISCAYNE BLVD #1150	CITY-ST-ZIP MIAMI, FL 33137	STREET ADDRESS	STREET ADDRESS
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.		K. Eckel FEB 14 2006	
SIGNATURE: 		12/6/05 239-644-5259	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	