

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 16 AM 8:00

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** *01-04*

200043469362  
12/16/04--01063--006 \*\*420.00  
*MRS*

**DOCUMENT #** N97000006271  
**1. Corporation Name**  
MCINTOSH PARK OF COMMERCE PROPERTY OWNER'S ASSOCIATION, INC.

<b>2. Principal Office Address</b> 1343 Landings Blvd.		<b>3. Mailing Office Address</b> PO Box 20557	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Sarasota, Florida		<b>City &amp; State</b> Sarasota, Florida	
<b>Zip</b> 34231	<b>Country</b> USA	<b>Zip</b> 34276	<b>Country</b> USA

**4. Date Incorporated or Qualified To Do Business in Florida**

<b>5. FEI Number</b> N/A	Applied For <input checked="" type="checkbox"/> Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name  
Mary E. Van Winkle

Street Address (P.O. Box Number is Not Acceptable)  
2815 Proctor Road

Suite, Apt. #, Etc.

City  
Sarasota

State  
FL

Zip Code  
34231

**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.

Signature of Registered Agent Mary E. Van Winkle Date 12-14-04  
REGISTERED AGENT MUST SIGN

**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
P	Richard C. Martin, Jr.	PO Box 20557	Sarasota, FL 34276
S/T	Patricia A. Martin	PO Box 20557	Sarasota, FL 34276
VP	Richard A. Buckelew	59 Sarasota Center Blvd.	Sarasota, FL 34240

**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:** Richard E. Martin Jr. Date 12/14/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941-376-2184

CR2E081 (01/04)