
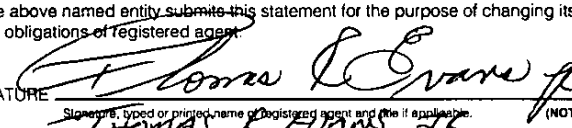
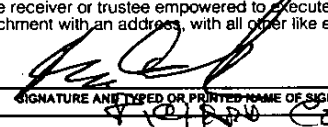


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000000346					
1. Entity Name DAVIE BUSINESS CENTER PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business %PINES PROPERTY MGT 17794 SW 2ND ST PEMBROKE PINES, FL 33029			Mailing Address %PINES PROPERTY MGMT P.O. BOX 820100 SOUTH FLORIDA, FL 33082-0100		
2. Principal Place of Business 19620 PINES BLVD		3. Mailing Address			
Suite, Apt. #, etc. 205		Suite, Apt. #, etc.			
City & State PEMBROKE PINES FL		City & State			
Zip 33029		Country		Country	
6. Name and Address of Current Registered Agent EVANS, THOMAS R. JR %PINES PROPERTY MGMT 17794 SW 2ND ST PEMBROKE PINES, FL 33029				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, typed or printed name of registered agent and title if applicable.				DATE: 4-29-06 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEHMAN, MELANIE %PINES PROP. MGMT., 17794 SW 2ND ST PEMBROKE PINES, FL 33029 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, RICHARD %PINES PROP. MGMT., 17794 SW 2ND ST PEMBROKE PINES, FL 33029 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASE, RICK %PINES PROP. MGMT., 17794 SW 2ND ST PEMBROKE PINES, FL 33029 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4-25-06 Daytime Phone #	

FILED
06 MAY 15 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272006 REIN-NP CR2E099 (11/05)

4. FEI Number 54-1882992 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

BS/22/06

STATEMENT 05-06

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05/31/06--01021--009 **297.50