

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 21 AM 11:50

DOCUMENT # N98000002162

1. Corporation Name

LIBERTY SQUARE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3100 17TH STREET
ST. CLOUD FL 34769

3100 17TH STREET
ST. CLOUD FL 34769



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

04/15/1998

5. FEI Number 59-1675015

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WILKERS, JOHN F	3100 17TH STREET	ST. CLOUD FL 34769
TSD	WILKERS, ANNA MARIE	3100 17TH STREET	ST. CLOUD FL 34769
VD	POWERS, CHARLES K JR	3100 17TH STREET	ST. CLOUD FL 34769

500003497725--1
-12/12/00--01102--001
****450.00 ****150.00

8. Name and Address of Current Registered Agent

WILKERS, JOHN F
3100 17TH STREET
ST. CLOUD FL 34769

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 607.0505, F.S.

Signature of
Registered Agent

Date

12/4/00

REGISTERED AGENT MUST SIGN

11. 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

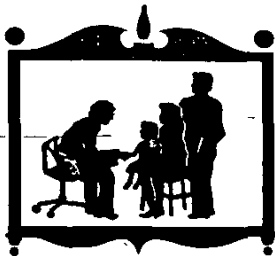
Date

Daytime Phone #

12/4/00

AD

Primary
Care
Specialists



N98000002162

20f2

Family Practice - St. Cloud

3100 17th Street • St. Cloud, Florida 34769
(407) 892-0009 • Fax (407) 892-3285

October 23, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Liberty Square Owners Association, Inc.
Document Number: N98000002162

Dear Sir or Madam,

In regard to the reinstatement for our corporation, we realize now that the corporation annual report not filed in the designated amount of time. This oversight, was due to the fact that we had administrative changes during the month of April and the requests that were sent to us were lost.

Per the phone conversation today, we were told that a late fee of \$150.00 would be acceptable. We have enclosed a check for this amount.

We regret the delay and appreciate your patience in this matter.

Sincerely,

Janet Rodriguez
Janet Rodriguez, Office Manager

John F. Wilker, M.D. • Charles K. Powers, Jr., M.D. • D. Paul Thorne, M.D.

Lori Lanz, PA-C • Mike Gregg, PA-C