

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003533

1. Corporation Name
Milton Plaza Center Owners Association, Inc.

2. Principal Office Address
6460 Justice Ave

Suite, Apt. #, etc.

City & State
Milton, FL

Zip
32570

Country
Santa Rosa

3. Mailing Office Address
6460 Justice Ave

Suite, Apt. #, etc.

City & State
Milton, FL

Zip
32570

Country
Santa Rosa

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/15/98

5. FEI Number
62-1793591

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jack Locklin, Jr.

Street Address (P.O. Box Number is Not Acceptable)
6460 Justice Avenue

Suite, Apt. #, Etc.

City
Milton

State
FL

Zip Code
32570

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**

Jack Locklin, Jr.
REGISTERED AGENT MUST SIGN

Date 3/18/03

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/d	Darji, Prakash	1322 Hwy 72 East	Athens, AL 35611
s/d	Darji, Niranjana	1322 Hwy 72 East	Athens, AL 35611
d	Locklin, Jack Jr.	6460 Justice Avenue	Milton, FL 32570

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:

Jack Locklin, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack Locklin, Jr.

Date 3/18/03

Daytime Phone # 850-623-2500

CR2E081 (10/02)

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