

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAR 26 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED BY SECRETARY OF STATE 00-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003533

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

2. Principal Office Address 6460 Justice Ave Suite, Apt. #, etc.		3. Mailing Office Address 6460 Justice Ave Suite, Apt. #, etc.	
City & State Milton, FL		City & State Milton, FL	
Zip 32570	Country Santa Rosa	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 <input type="checkbox"/>		\$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

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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.* Director

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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