

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC -5 AM 11:38	
DOCUMENT # N98000004120					
1. Corporation Name BANNERMAN ROAD COMMERCIAL OWNERS ASSOCIATION, INC.					
Principal Place of Business 139 ROSEHILL DRIVE WEST TALLAHASSEE FL 32312		Mailing Address 139 ROSEHILL DRIVE WEST TALLAHASSEE FL 32312		REINSTATEMENT 00	
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		4. Date Incorporated or Qualified To Do Business in Florida 07/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3676852	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip		
D	DAVIS, KEVIN	139 ROSEHILL DRIVE WEST	TALLAHASSEE FL 32312		
D	BASS, ROBERT E	1144 E TENNESSEE ST	TALLAHASSEE FL 32308		
D	WILLIAMS, VICTORIA	1845-3 CAPITAL CIR	TALLAHASSEE FL 32308		
			300003500929-0 -12/14/00--01016--022 ****113.75 ****113.75		
			3/4/00 90008 048 6125		
			8/11/00 90054 038 6125		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
DAVIS, KEVIN 139 ROSEHILL DRIVE WEST TALLAHASSEE FL 32312			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State FL	Zip Code
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		
SIGNATURE REQUIRED 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: 			Date 12/4/00 850-671-5678		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E040 (8/00)

AD