Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT

COUNTYLINE CORPORATE CENTER PROPERTY OWNERS ASSOCIAT

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E051 (12/05)

DOCUMENT # N98000005609

1. Corporation Name

Countyline Corporate Center Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
515 East Las Olas Blvd.		1100 Peachtree Street	
State, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 960		Ste 1100	
City & State		City & State	
Ft. Lauderdale, FL		Atlanta, GA	
Zip	Country	Zip	Country
33301	USA	30309	USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/28/1998

5. FEI Number: 65-0882177 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: Danny Verdecchia, Jr. Asst. Secretary — Date: 4/30/09

IT IS NOT NECESSARY TO SIGN

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
Pres	Scott Helms	515 East Las Olas Blvd. Ste 960	Ft. Lauderdale, FL 33301
VP	David Howell	12002 Miramar Parkway	Miramar, FL 33025
Sec/ Treas	Darrin Mossing	210 N. University Dr. #802	Coral Springs, FL 33071
	REINSTATEMENT	RH	

10. I certify that I am an officer or director of the corporation 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 contained in Chapter 119, 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: Scott Helms — 4/30/09 — 954-678-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #