

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 27 PM 4:21

DOCUMENT # **N99-1734**

1. Corporation Name

PPC BUILDING CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address

234 OFFICE PLAZA DL

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLA

Zip

32301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *002*

400013702344
03/10/03--01006--008 ***420.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-15-91

5. FEI Number

59-3571420

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

EVERALL D. PERKINS

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

234 OFFICE PLAZA DL

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code

32301

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

EVERALL D. PERKINS

Date **2-27-03**

REGISTERED AGENT MUST 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 |
|-----------|--------------------------------------|---|-----------------------------|
| DR | ROBERT PARRISH | 2232 KILLEAN CIRCLE BND | TALLAHASSEE FL 32309 |
| DL | EVERALL D. PERKINS | 234 OFFICE PLAZA DL | TALLAHASSEE FL 32301 |
| DR | J KINSON COOK | 2252 KILLEAN CIRCLE BND | TALLAHASSEE FL 32309 |
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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:

EVERALL D. PERKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03
Date

BSO 878-3131
Daytime Phone #

CR2E081 (9/01)