

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99000003695

1. Corporation Name

Windsor Oaks Medical Park Property Owners
Association, Inc.

W04-13318

2. Principal Office Address

1818 SW 15th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 6200

Suite, Apt. #, etc.

City & State

Ocala

Zip 34474

Country Marion
USA

City & State

Ocala, FL

Zip 34478

Country USA
Marion4. Date Incorporated or Qualified
To Do Business in Florida

6/16/99

5. FEI Number

65-0943086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark A. Yap, M.D.

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

1818 SW 15th Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

REGISTERED AGENT MUST SIGN

Date

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
D	Mark A. Yap, M.D.	1818 SW 15th Ave	Ocala, FL 34474
D	Barry J. Kaplan, MD	1818 SW 15th Ave	Ocala, FL 34474

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/05 (352)671-4321

Date

Daytime Phone #

C1223041 (01/05)