

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007184

1. Corporation Name

**Magnolia Professional Center Property Owners
Association, Inc.**

2. Principal Office Address

702 S Magnolia Ave.
Unit #2, Ocala, FL 34474
Suite, Apt. #, etc.

3. Mailing Office Address

Same
34474
Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34474

Country

USA

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

12/99

5. FEI Number

59-3639121

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Michael Eugene Ethridge

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

702 S Magnolia Ave., Unit #2

Suite, Apt. #, Etc.

100004077681-6
-04/25/01--01066--018
*****297.50 *****297.50

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

Date 3/13/01

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
D.P.T.	President/Treasurer Michael Ethridge	702 S Magnolia Ave. #2	Ocala, FL 34474
D.V.S.	VP/Secretary Jennifer Salpeter	702 S Magnolia Ave. #1	Ocala, FL 34474
D.	Director Tracey Ethridge	702 S. Magnolia Ave #1	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)(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:

Michael Ethridge 3/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352/351-0077

Daytime Phone #

CR2E081 (9/00)