

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P13344**

1. Corporation Name

**LIBERTY PROPERTIES GROUP, INC.**

Principal Place of Business

~~2000 WADE HAMPTON BOULEVARD~~  
~~GREENVILLE SC 29615~~

Mailing Address

P.O. BOX 786  
~~GREENVILLE SC 29602~~  
US



REINSTATEMENT

02

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

02/23/1987

Suite, Apt. #, etc.

135 South Main Street

Suite, Apt. #, etc.

PO Box 502

5. FEI Number

57-0836136

Applied For

Not Applicable

City & State

Greenville, South Carolina

City & State

Greenville, South Carolina

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Greenville

Zip

29602-0502

Country

Greenville

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HIPP, HAYNE	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601
T	WESSON, MARK D	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601
S	WILLIAMS, MARTHA G	<del>2000 WADE HAMPTON BLVD</del> 135 South Main Street	GREENVILLE SC <del>29615</del> 29601

800009415028  
12/09/02--01037--003 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COMMANDER, CHARLES E.  
200 LAURA STREET  
JACKSONVILLE FL 32202

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Charles E. Commander*  
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

*Martha G. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha G. Williams, Secretary

11-20-02

(864)241-5400

Date

Daytime Phone #

CR2E040 (8/02)