PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

DOCUMENT # P98000026278

1. Corporation Name
T A Escrow 97, Inc.

2. Principal Office Address	3. Mailing Office Address
1101 North Lake Destiny Drive	1101 North Lake Destiny Drive
Suite, Apt. #, etc.: Suite 225	Suite, Apt. #, etc.: Suite 225
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: U.S.A.	Zip: 32751 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 3/20/98

5. FEI Number: 59-3503711 ☐ 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: McMullen, Jack K.
Street Address (P.O. Box Number is Not Acceptable): 301 East Pine Street
Suite, Apt. #, Etc.: Suite 1400
City: Orlando State: FL Zip Code: 32801

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 _____
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
P	George K. Noga	1101 North Lake Destiny Drive, #225	Maitland, FL 32751
VP	Douglas Q. Gale	1101 North Lake Destiny Drive, #225	Maitland, FL 32751
VP	Brenda K. Sapp	1101 North Lake Destiny Drive, #225	Maitland, FL 32751

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: Brenda K Sapp Brenda K. Sapp 2/25/03 (407) 875-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

TA ESCROW 97, INC.

Certificate of Status	1
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