

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Feb 02 1998 8:00 am  
 Secretary of State

DOCUMENT # 726993

1. Corporation Name  
 Kingsland Property Owners Association, Inc.

TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business            | Mailing Address                        |
| Route 7<br>Box 1500<br>Ocala, FL 32670 | Route 7<br>Box 1500<br>Ocala, FL 32640 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *16-98*

|   |   |   |
|---|---|---|
| 2. New Principal Office Address, If Applicable<br>10515 SW 56th Avenue<br>Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable<br>10515 SW 56th Avenue<br>Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida<br>07/20/1973   |
| City & State<br>Ocala, FL   | City & State<br>Ocala, FL   | 5. FEI Number<br><input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                     |
| Zip<br>34476  | Country<br>USA  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                     |   |  |
|---|-------------------------------------|---|--|
| 1 Title(s)  | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip   |
| P,D   | Vincent Cina                        | 10197 SW 65th Terrace   | Ocala, FL 34476  |
| VP,D  | John Gannon                         | 5812 NW 25th Terrace  | Boca Raton, FL 33496   |
| S,T,D   | Marlie B. Smith                     | 10136 US 19   | Port Richey, FL 34668  |
|   |                                     |   | 300002422393-- 2<br>-02/05/98--01062--002<br>***1583.75 ***1583.75<br><i>23-98</i> |

|  |  |
|--|--|
| 8. Name and Address of Current Registered Agent<br><br>Smith, James M., Jr.<br>11 NE 1st Avenue<br>Ocala, FL 32670 | 9. Name and Address of New Registered Agent<br>Name<br>Robert A. Stermer<br>Street Address-(P.O. Box Number is Not Acceptable)<br>8585 SW Hwy. 200<br>Suite, Apt. #, Etc.<br>Suite 9<br>City<br>Ocala,<br>State<br>FL<br>Zip Code<br>34481 |
|--|--|

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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 1-29-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: *[Signature]* Vincent Cina, President Date: 352-854-2829 Daytime Phone #

CR2E040 (12/96)