

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 APR 30 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748393

1. Corporation Name

Phoenix Subdivision Owners Association, Inc.

2. Principal Office Address

502 N.W. 16th Avenue

Suite, Apt. #, etc.

1

City & State

Gainesville, Florida

Zip

32601

Country

U.S.A.

3. Mailing Office Address

502 N.W. 16th Avenue

Suite, Apt. #, etc.

1

City & State

Gainesville, Florida

Zip

32601

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

8/7/79

5. FEI Number

59-1977190

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

Sally Ann Wilson

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

502 N.W. 16th Avenue

Suite, Apt. #, Etc.

1

City

Gainesville

State

FL

Zip Code

32601

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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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 4-26-01

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Craig Smith, Roger Dowst, Aaron Rollins, Joseph Bryant, Steven Fischer, Gail Monahan.

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:

[Handwritten Signature] Roger Dowst 4-26-01 (352) 378-7536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

**CONTINUATION SHEET TO CORPORATION REINSTATEMENT –  
PHOENIX SUBDIVISION OWNERS ASSOCIATION, INC.  
(A FLORIDA NON-PROFIT CORPORATION)**

Question #9 - continued

<u>Titles</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
D	Dennis Smith	726 N.W. 8 <sup>th</sup> Avenue	Gainesville, FL 32604