

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 18 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 750396

1. Corporation Name

*Galveston Homeowner's Association, Inc.*

2. Principal Office Address

*4003 Hartley Rd*

3. Mailing Office Address

*4003 Hartley Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jacksonville, FL*

City & State

*Jacksonville, FL*

Zip

Country

*32257*

Zip

Country

*32257*

01/18/06--01059--003 \*\*262.50

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*12-28-79*

5. FEI Number

*750396*

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

*Signature Realty & Management Inc*

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

*4003 Hartley Road*

Suite, Apt. #, Etc.

City

*Jacksonville, FL*

State

*FL*

Zip Code

*32257*

900063972609

01/18/06--01059--003 \*\*262.50

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

*For L. Carter*

Date

*1/13/06*

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
DP	<i>Jim McInerney</i>	<i>4335 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>
DS	<i>Rick Brown</i>	<i>4316 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>
DT	<i>Denis Weber</i>	<i>4304 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>
Dir	<i>Jim Whertson</i>	<i>4305 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>
Dir	<i>Ben Borchert</i>	<i>4333 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>
Dir	<i>Nancy Ellis</i>	<i>4305 Plaza Gate Lane</i>	<i>Jacksonville, FL 32207</i>

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 contained in Chapter 119, 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:

*James L. McInerney*

*JAMES L. MCINERNEY*

Date

*1/13/06*

Daytime Phone #

*268-0035*

*Ador*