

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

97 JUN -3 PM 2:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 759697
 1. Corporation Name
 SOUTHWOOD 2, LOT 10 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4040 Newberry Road, Suite 1100
 Gainesville, FL 32607

REINSTATEMENT 1988-97

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

2. New Principal Office Address, If Applicable <u>same as above</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>same as above</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/19/81	
City & State		City & State		5. FEI Number 59 2996232	
Applied For		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
Not Applicable					
Zip	Country	Zip	Country		

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
Dir.	Albert C. Rawson, III	4040 Newberry Rd., Ste. 1100	Gainesville, FL 32607
Dir.	Jeffrey Chu	321 SE 1st Street	Gainesville, FL 32601
Dir.	Roger Dowst	429 NW 10th Avenue	Gainesville, FL 32601

RECEIVED
 FINANCE & ACCOUNTS
 JUN -8 PM 2:00
 S.T. from DBPR
 8/6/97

8. Name and Address of Current Registered Agent

Lourdes M. Chu
 3924 SW 26th Drive, Apt. G
 Gainesville, FL 32608

9. Name and Address of New Registered Agent

Name
 Albert C. Rawson, III
 Street Address (P.O. Box Number is Not Acceptable)
 4040 Newberry Road
 Suite, Apt. #, Etc.
 Suite 1100
 City
 Gainesville, State FL Zip Code 32607

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 4/17/97

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 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/17/97 Daytime Phone # 352-375-6608

CR2E940 (12/96)

STATE OF FLORIDA	VOUCHER SCHEDULE	DATE	05/14/97	S.W. Agency Voucher No.
OLG 790000	JT-2			070-0058-3770
DEPARTMENT DEPT OF BUSINESS AND PROFESSIONAL REGULATION				009609
SITE DEPT. OF BUSINESS & PROFESSIONAL REGULATION				A

COMPTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	25	TRANS CODE	45
COMPTROLLER ACCOUNT NAME						
INVOICE	INVOICE AMOUNT			INCREASE	AMOUNT	INCREASE
					AMOUNT	

2202289001-7980000000-22002000	8600	787.50			
REFUND OF STATE REVENUES					
INV: 050897		787.50			

3202130001-4530000000-00010000					787.50
FEEES					

TRANSACTION TYPE: JOURNAL ADVICE	TOTAL	787.50	TOTAL	787.50
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I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

APPROVED: _____

TITLE _____

For State Comptroller's Use Only

Time In _____	
	Audited By _____



APPLICATION FOR REFUND FROM THE STATE OF FLORIDA

REASON FOR CLAIM: MONEY BELONGS TO DEPT. OF STATE

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

1940 NORTH MONROE STREET, TALLAHASSEE, FL 32399-0783

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund, and that a State Warrant be drawn in favor of:

REASON CODE:	REVENUE CODE	REFUND AMOUNT
	<u>800</u>	<u>\$ 787.50</u>

Payee: DEPT. OF STATE / DIV. OF CORPORATIONS
Address: 409 E. GAINES ST.
City: TALLAHASSEE State: FL Zip: 32399
ATTN: BERRIE LOLLIE

LICENSE NUMBER: _____
RECEIPT/BATCH RC# 000490714
TRACER NUMBER: RT# 20738
Date: _____

REFUNDS OF \$100 OR MORE MUST BE SIGNED BY PAYEE

Certified true and correct this _____ day of _____, 19____ Signature _____

FOLD ----- DO NOT WRITE BELOW THIS LINE ----- FOLD

Agency recommends approval denial of above claim based on the following: VALIDATED TO BPR, BELONGS TO DEPT. OF STATE

NAME AND CODE NUMBER OF TRUST FUND	STATUTE
<input type="checkbox"/> BPRTF 79-20-2-547001-79050000-00-000100	455.28
GENERAL REVENUE	
<input type="checkbox"/> PMW TAXES 79-74-1-000242-79100000-00-000300	550.09
<input type="checkbox"/> OTP 79-74-1-000245-79400000-00-000320	565.12
TRUST FUND	
<input type="checkbox"/> SAC FEES 79-20-2-664001-79010000-00-000100	548.035
<input type="checkbox"/> SAC LICENSES 79-20-2-664001-79010000-00-000200	548.025
<input type="checkbox"/> SAC TAXES 79-20-2-664001-79010000-00-000300	548.06, 548.07
<input type="checkbox"/> SAC MISC 79-20-2-664001-79010000-00-000400	548.035
<input type="checkbox"/> SAC FINES & BONDS 79-20-2-664001-79010000-00-001200	548.014, 548.075
<input type="checkbox"/> PMW TF FEES 79-20-2-520001-79100000-00-000100	550.09, 550.10
<input type="checkbox"/> PMW TF LICENSES 79-20-2-520001-79100000-00-000200	550.09
<input type="checkbox"/> PMW TF TAXES 79-20-2-520001-79100000-00-000300	550.09
<input type="checkbox"/> PMW TF MISC 79-20-2-520001-79100000-00-000400	550.09
<input type="checkbox"/> PMW TF FINES 79-20-2-520001-79100000-00-001200	550.09, 550.10
<input type="checkbox"/> H&R FEES 79-20-2-375001-79200000-00-000100	509.251, 509.261, 509.3
<input type="checkbox"/> H&R LICENSES 79-20-2-375001-79200000-00-000200	509.251, 509.261, 509.3
<input type="checkbox"/> H&R MISC 79-20-2-375001-79200000-00-000400	509.251, 509.261, 399.0
<input type="checkbox"/> H&R FINES 79-20-2-375001-79200000-00-001200	509.251, 509.261, 399.0
<input checked="" type="checkbox"/> DIVISION OF FLORIDA LAND SALES - FEES 79-20-2-298001-79800000-00-000100	489.017
<input type="checkbox"/> DIVISION OF FLORIDA LAND SALES - LICENSES 79-20-2-298001-79800000-00-000200	489.017
<input type="checkbox"/> DIVISION OF FLORIDA LAND SALES - MISC 79-20-2-298001-79800000-00-000400	489.017
<input type="checkbox"/> DIVISION OF FLORIDA LAND SALES - FINES 79-20-2-298001-79800000-00-001200	489.017
<input type="checkbox"/> AB&T FEES 79-20-2-022001-79400000-00-000100	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T ADVANCE DISPOSAL FEE 79-20-2-022001-79400000-00-000113	403.7197
<input type="checkbox"/> AB&T LICENSES 79-20-2-022001-79400000-00-000200	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T SURCHARGE 79-20-2-022001-79400000-00-000306	561.501
<input type="checkbox"/> AB&T TAXES 79-20-2-022001-79400000-00-000311	561.12
<input type="checkbox"/> CIGARETTE TAX COLL. TAXES 79-74-2-086001-79400000-00-000312	210.04
<input type="checkbox"/> AB&T MISC 79-20-2-022001-79400000-00-000400	561.19, 563.564, 565.02
<input type="checkbox"/> AB&T FINES 79-20-2-022001-79400000-00-001200	561.19, 563.564, 565.02

RECEIVED
MAY - 8 PM 2:00

Certified true and correct this 8th day of MAY, 19 97

Florida Department of Business and Professional Regulation: FL. LAND SALES / COND'S - Bureau of Cond's

Organization Code: 79-80-00-00-000

Maura Ucker
Signature of Authorized Person

Section 215.26 states, in part "application for refunds as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within three years after the right to such refund shall have accrued else such right be barred." Three years is interpreted as meaning three years from date of payment into the State Treasury.

Marvin Videns

450000 00
PAGE 6

PPJT4 - 01 RUN DATE 05/16/97 AS OF 05/16/97
SS - CENTRAL ACCOUNTING

ED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

LOCATION - STATEWIDE
450000 - DEPARTMENT OF STATE
00 - DEPARTMENT OF STATE
1 D7000583770 A00CNO V009609

OLO 790000 - DEPT OF BUSINESS AND PROFESSIONAL REGULA
SITE 00 - DEPT. OF BUSINESS & PROFESSIONAL REGULAT
(904)487-2100

From: 000100
to: 001200

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
00 2 289001 79800000 00 220020 00	25	8600	787.50	787.50	45 20 2 130001 45300000 00 000100 00	45	787.50	787.50
					INVOICE # 050897			

TRANSACTION CODE TOTAL - 25

787.50 45

45301010

R2

012003

Appl. for reinstatement

Southwood II

Condominium Association Inc.

posted 5-27-97

RECEIVED
97 MAY 19 AM 8:44
FINANCIAL MANAGEMENT

#759697