

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Executive Office~~
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766084

1. Corporation Name

Hibernia Forest Civic Assoc. Inc.

300007982463--4
-09/24/02--01042--023
****490.00 ****490.00

REINSTATEMENT 98-02

2. Principal Office Address

7406 Fleming Island Drive

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

Clay

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified To Do Business in Florida

12/13/1982

5. FEI Number

59-2365667

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

Felicia Carnell

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

7406 Fleming Island Drive

Suite, Apt. #, Etc.

City

Green Cove Springs, FL 32043

State

FL

Zip Code

32043

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

Felicia Carnell

REGISTERED AGENT MUST SIGN

Date

9/2/03

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
Pres.	Felicia Carnell	7406 Fleming Island Drive	Green Cove Springs, FL 32043
V. Pres	Randy Carlson	824 Live oak	Green Cove Springs, FL 32043
Secr.	Maggie Farrington	770 Hibernia Forest Drive	Green Cove Springs, FL 32043
Treas.	Danny Nelson	752 Hibernia Forest Drive	Green Cove Springs, FL 32043
Board of Director	Richard Sanders	872 Live oak lane	Green Cove Springs, FL 32043
Board of Director	Earl Wheeler	904 Live oak lane	Green Cove Springs, FL 32043

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

Felicia Carnell Felicia Carnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/03
Date

904-387-9509
Daytime Phone #

CR2E081 (9/01)