

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY -8 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007265

1. Corporation Name  
Marsh View at Ponte Vedra Shores West Association,  
Inc.

900005574909--8  
-05/20/02--01063--026  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

2. Principal Office Address 510 S. 3rd St. Suite, Apt. #, etc. City & State Jacksonville Beach, FL Zip 32250		Country U.S.A.		3. Mailing Office Address 3135 Professional Dr., Suite, Apt. #, etc. Suite 101 City & State Ponte Vedra Beach, FL Zip 32082		Country U.S.A.	
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4. Date Incorporated or Qualified To Do Business in Florida		Applied For	
5. FEI Number 59-3716277		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Baron L. Bartlett, Esq.		
Street Address (P.O. Box Number is Not Acceptable) 135 Professional Drive, Suite 101		
Suite, Apt. #, Etc. Suite 101		
City Ponte Vedra Beach	State FL	Zip Code 32082

900005574909--8  
-05/20/02--01063--027  
\*\*\*122.50 \*\*\*122.50

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 \_\_\_\_\_ Date 5/6/02

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
D	SPENCER CASON	510 S. 3rd St.	Jacksonville Beach FL 32250
D	HANK WOODBURN	510 S. 3rd St.	Jacksonville Beach FL 32250
D	BARON L. BARTLETT	135 Professional Dr., Suite 101	Ponte Vedra Beach FL 32082

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: Baron L. Bartlett BARON L. BARTLETT Date 5/6/02 904-246-4555 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02

CR2ED01 (9/01)