

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

- 236.25 AND FILED

03 OCT 29 PM 5:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **N01000000070**

1. Corporation Name

BARTRAM PLANTATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 233 E BAY STREET 1010 BLACKSTONE BLDG JACKSONVILLE FL 32202	Mailing Address 233 E BAY STREET 1010 BLACKSTONE BLDG JACKSONVILLE FL 32202
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REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/03/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3693699	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAWSON, CARL D JR	233 E BAY ST 1010 BLACKSTONE BLD	JACKSONVILLE FL 32202
D	HOWELL, WILLIAM R	PO BOX 60, ORTEGA STATION	JACKSONVILLE FL 32210
D	BENNETT, SUSAN	233 E BAY ST 1010 BLACKSTONE BLD	JACKSONVILLE FL 32202
			100024334061
			10731703--01055--016 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAWSON, CARL D JR 233 E BAY STREET 1010 BLACKSTONE BLDG JACKSONVILLE FL 32202	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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. or 617.0505, F.S.

Signature of Registered Agent Date **10 30 03**
 REGISTERED AGENT MUST SIGN

11. 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: Date **10 30 03** Daytime Phone # **904 355-5504**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)