

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 16 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006024

1. Corporation Name

Southern Grove Condominium Association, Inc.

REINSTATEMENT 02-03
100015284121
04/03/03--01025--011 ***236.25

2. Principal Office Address

4300 Marsh Landing Blvd

3. Mailing Office Address

4300 Marsh Landing Blvd

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

US

Zip

32250

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

August 22, 2001

5. FEI Number

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

Bert C. Simon, Esquire

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

1660 Prudential Drive

Suite, Apt. #, Etc.

Suite 203

City

Jacksonville

State

FL

Zip Code

32207

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

REGISTERED AGENT MUST SIGN

Date

3/14/03

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
PD	CHRISTOPHER C. FINLAY	4300 MARSH LANDING BLVD SUITE 101	JACKSONVILLE BEACH, FL 32250
SOD	ROSE M. FARLEY	4300 MARSH LANDING BLVD SUITE 101	JACKSONVILLE BEACH, FL 32250
TD	JOE PATTISON	4300 MARSH LANDING BLVD SUITE 101	JACKSONVILLE BEACH, FL 32250

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/03 904/280-1000

CR2E081 (11/02)

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