

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 05, 2002 8:00 A.
Secretary of State

DOCUMENT # **N01000006660**

1. Corporation Name

CANTERBURY WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8101 WESTBOURNE DRIVE
PENSACOLA FL 32506

Mailing Address

8101 WESTBOURNE DRIVE
PENSACOLA FL 32506

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/17/2001

5. FEI Number

59-3737133

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JANSSEN, SHANNON	8101 WESTBOURNE DRIVE	PENSACOLA FL 32506
D	CUTSHAW, DARRELL	8101 WESTBOURNE DRIVE	PENSACOLA FL 32506
D	RIDDELL, ARDIS	8164 CAMELFORD DRIVE	PENSACOLA FL 32506

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8. Name and Address of Current Registered Agent

JANSSEN, SHANNON
8101 WESTBOURNE DRIVE
PENSACOLA FL 32506

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Shannon Janssen
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/02

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: *Shannon Janssen*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/02 Daytime Phone # 850 453 4926