

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000004160**

1. Corporation Name

THE TRAILS AT BENT CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

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

3840 Crown Point Road

3840 Crown Point Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country

Zip Country

32257 US

32257 US

4. Date Incorporated or Qualified To Do Business in Florida

05/31/2002

5. FEI Number

13-4219404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03



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10/17/03--01077--012 **236.25

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
PD	KNOWLES, MARK A	3840 CROWN PT RD STE A	JACKSONVILLE FL 32257
VD	HOLLAND, BEVERLY J	3840 CROWN PT RD STE A	JACKSONVILLE FL 32257
STD	HART, CURTIS L	3840 CROWN PT RD STE A	JACKSONVILLE FL 32257

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mark A. Knowles
REGISTERED AGENT MUST SIGN

Date **10/10/2003**

11. I certify that I am an officer or director of 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:

Mark A. Knowles

Mark A. Knowles

10/10/2003

Date

904 268 8500

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)