

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006737

1. Corporation Name

HERONS WALK PROPERTY OWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

463499 SR 200

3. Mailing Office Address

P.O. BOX 1987

Suite, Apt. #, etc.

Yulee, FL

Suite, Apt. #, etc.

City & State

City & State

YULEE, FL

Zip

32097

Country

USA

Zip

32041-1987

Country

NASSAU

300148812933
04/06/09--01045--010 **358.75
CR2E081 (12/08)

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 22, 2006

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
PROPERTY MANAGEMENT SYSTEMS, INC.

Street Address (P.O. Box Number is Not Acceptable)
463499 SR 200

Suite, Apt. #, Etc.

City
YULEE

State Zip Code
FL 32097

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4-2-09

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
P	HARRELL, SHAUN D	1956 COOK RD	Fernandina Bch FL 32034
VP	MCCABE, STEPHEN C	716 WHIPPOORWILL DR	HOOPER AL 35244

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 contained in Chapter 119, 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

3/27/09

Date

904-491-7600

Daytime Phone #