

2002-2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 22 PM 2:39

DOCUMENT # **No 9035**
1. Corporation Name **KINSAIL UNIT II HOMEOWNERS
2910 KERRY FOREST PARKWAY
BOX 157
TALLAHASSEE, FL 32309**

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	1-9-85
5. FEI Number	59-3065141
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	Jean M. Rice		
Street Address (P.O. Box Number is Not Acceptable)	2617 Harwich Circle	100022528061	08/22/03--01048--014 **122.00
Suite, Apt. #, Etc.			
City	Tallahassee	State	Zip Code
		FL	32309

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 **Jean M. Rice** Date **8-18-03**

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
PP	maggie Freeland	2612 Yarmouth Lane	Tallahassee, FL 32309
SD	Edith Bass	4428 stratfordshire ct.	✓ ✓ ✓
D	Edwin Spate	2605 Harwich Circle	✓ ✓ ✓
D	Thomas Freeland	2612 Yarmouth Lane	✓ ✓ ✓
VDD	DON Powers	2621 Harwich Circle	✓ ✓ ✓
TD	Jean M. Rice	2617 Harwich Circle	✓ ✓ ✓

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: **Jean M. Rice** Date **8-18-03** Daytime Phone # **850-668-3827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

8/22