

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

04 MAR 18 AM 8:31

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **N19456**

1. Corporation Name

**CANTERBURY OWNERSHIP ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13926 NW 21 LANE  
 GAINESVILLE FL 32606  
 US

13926 NW 21 LANE  
 GAINESVILLE FL 32606  
 US

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  
**Gainesville FL**

Zip

Country

Zip  
**32606** Country  
**USA**

REINSTATEMENT 03-04



400026468714

01/08/04--01013--002 \*\*175.00

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1987

5. FEI Number

59-3231785

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
<del>PD</del> P/D	<del>ERICKSON, ROBERT</del> Luis Montoya	13808 NW 21 LANE 13926	GAINESVILLE FL 32606
<del>PD</del> SE/D	<del>CHAU, TERESA B</del> Judy Erickson	13803 NW 21ST LN 13808	GAINESVILLE FL 32606
<del>PD</del> S/D	<del>MONTOYA, MIRYAM</del> Laura Guyer	13926 NW 21ST LN 13714	GAINESVILLE FL 32606

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03/18/04--01033--016 \*\*122.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUYER, LAURA K  
 13714 NW 21 LANE  
 GAINESVILLE FL 32606

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

*Laura K. Guyer*

REGISTERED AGENT MUST SIGN

Date

1-5-04

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:

*Laura K. Guyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-04

Date

352-332-0523

Daytime Phone #

CR2E040 (7/03)