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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33808**
1. Corporation Name
Corridors at Ponte Vedra Association, Inc.

REINSTATEMENT 1998-08
207/31

2. Principal Office Address - No P.O. Box #
1901 Main Street

3. Mailing Office Address
1901 Main Street

Suite, Apt. #, etc.
Suite 800

City & State
Columbia, SC 29201

Zip Country
29201 US

4. Date Incorporated or Qualified To Do Business in Florida **8/18/89**

5. FEI Number **592963376**

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

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 607.0606 or 617.0603, P.S.

Signature of Registered Agent **Michael Scraphin** **Michael Scraphin Asst. Secretary** Date **7/29/08**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Jerry Matelski	1901 Main Street, Suite 500	Columbia, SC 29201
VP/D	Joe Edens, III	1901 Main Street, Suite 800	Columbia, SC 29201
S-T/D	Mark Drogalis	1901 Main Street, Suite 500	Columbia, SC 29201

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 taxes due the requirements of section 607.0401 or 617.0401, F.S., that all taxes 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: **Jerry Matelski** **Jerry Matelski** **7/29/08** **(803) 744-2453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT
CORRIDORS AT PONTE VEDRA ASSOCIATION, INC.

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