PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.													
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECRET VISION (	FILED ARY OF ST OF CORPOR		Č		
l .		#	N396	4		(page	1 of 2)						
Ducen's Harbour Yacht? Country Club Dwners Association, Inc.								,					
2. Principal Office Address 238 Owen's Harbor Blud.				3. Mailing Office Address				TENSTATEMENT 03					3
Sulte, Apt. 4 etc.				Suite, Apt. #, etc.				A colo location of the last					
Cry & State  Jacksonville FL				City & State			4. Date Incorporated or Qualified To Do Business in Florida 8   22   1990    5. FEI Number   Applied For    59 - 31/8624   Not Applicable						
zφ 320		Country		2lp		Country		6.		IS DESIRED		ional Fee requirements	dired
			<u> </u>	7.	Name and A	ddress of Curre	int Register	ed Agent					
	Name Robert C. Baugher												
	Street Address (P.O. Box Number le Not Acceptable)  2027 (anyon Rim Place								`				
	Sulte, Apt. #, Etc.												
	City	iido	Hebura	\	. ,.				State FL	Zip Code 300	68_		
8. I, being appointed the registered agent of the above named corporation, any familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.											1000		
Signature of Registered Agent Date Oct 16, 200 5  REGISTERED GENT MUST SIGN								— <u> </u>					
9. Names	and Street Ad	dresses	of Each Officer an	d/or Director (Fi	orida nonprol	lit corporations m	nust list at lea	ast 3 directors)					
Titlea	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip				
P	George Richardson			1050 Shipwatch Dr. E.			or. E.	Jacksonville PL 32225					
D.	Steven Yablonski			1286 Windsor Harbor D			bor Dr.	. Jacksonville Fl 32225					
D	James Kieck			1855 Windsor Harbor Dr.			Jack	sonvill	eFL.	32226	_		
D	John .	E. (	D'neil	JR_	1372	Windsor	Hart	or or.	Jack	sonville	FL E	32325	-]
D	Jame	2.5	Slater		977	Shipwa	tch 1	Dr.E.	Jack	sonville	e FL 3	aaa5	
D	John	P.	Wilche	k	13726	UHle F	larbou	ir CE.	Jacks	anuille	FL 3	3325	]
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 817, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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 small have the same legal effect as if made under oath.  SIGNATURE:													
SIGNAI		NATURE	MD TYPED OR PR	NTED NAME OF	SIGNING OFF	CER OR DIRECTO	)R		Oale/		Daytime Phone	· #	Į

## Attachment - N39614

Pg 2

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ĭ	RPORATION ISTATEMENT	FLORIDA DEPARTMENT Secretary of Sta	te		<sup>1</sup>				
DOCU	UMENT# N396	14 (pag	(૧૦૯૦)	and the second of the second o	<u>.</u>				
Queen's Harbour Yacht? Country Club									
Ouc	ners Association	). Doc.			naa oo				
	RIO HIDOURIN	,	निन्न संस्थ	RENGIATENET 02					
2. Principa	al Office Address	3. Mailing Office Address							
38	Overs Harbor Blud	Same		r					
Suite, Apt. #		Suite, Apt. #, etc.							
	No. of the particular control of the	<u> </u>		4. Date incorporated or Qualified To Do Business in Florida					
City & State		City & State	5. FEI Numi	5. FEI Number Applied For					
JUCKS Zip	sonville FL Country	Zip Country			Not Applicable				
3,202	_ 1		0,		itional Fee required rtificate of Status				
		7. Name and Address of	Current Registered Agent						
	Name Doboot	Pagaber							
	Street Address (P.O. Box Number is N	of Acceptable	01	0002397172	<del></del>				
I	2027 (an	11 1110	<b>CC</b> 10/2:		<u>236</u> 25				
;	Suite, Apt. #, Etc.								
	City Middleburg State Zip Code FL 32068								
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent									
Registered a		GISTERED AGENT MUST SIGN	<del></del>	Date ///	g g				
9. Names	and Street Addresses of Each Officer and	Vor Director (Florida nonprofit corporat	tions must list at least 3 directors)						
Titles	Name of Officers and/or Directors		et Address of Each er and/or Director	City / State / Zip					
Ţ)	M.Jay Mars	hall 13768 W	indsor_Crown Ct.1	.w. Jacksonville Fl 32225					
D.	Mark R. Gier		ffield Park Ct.	Jacksonville FL					
$\mathcal{D}_{-}$	Craig Taucher	912 Shi	owatch Dr. E.	Jacksonville FL	32205				
					İ				
	<u> </u>	<del>-</del>			<del> </del>				
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 filling									
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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.									
SIGNATURE: 10/11/03 EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									