

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 APR -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N93000004216*

1. Corporation Name

OCEAN-WALK OF AMELIA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2215 East SR 200
Yulee FL 32097

P O Box 1987
Yulee FL 32041-1987

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

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3216836

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | Robert Leckie | 4941 Spanish Oaks Circle | Fernandina Bch FL 32034 |
| S | Dick Karr | 4925 Spanish Oaks Circle | Fernandina Bch FL 32034 |
| T | Donald Phillips | 4989 Spanish Oaks Circle | Fernandina Bch FL 32034 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C. Guy Bond, Esq
121 W Forsyth St # 600
Suite 1800
Jacksonville FL 32202

Name
Terrell J. Powell

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

2215 East SR 200

Suite, Apt. #, Etc.

City
Yulee

State
FL

Zip Code
32097

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.

Signature of
Registered Agent

Terrell J. Powell

REGISTERED AGENT MUST SIGN

Date 4.6.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Robert Leckie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/98
Date

904-321-0852
Daytime Phone #

CR2E040 (1/98)