PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 17 AM 8:58

DOCUMENT # **N94000001604**

1. Corporation Name

BROOKHOLLOW OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2215 EAST STATE ROAD 200 YULEE FL 32097 US	P.O. BOX 1987 YULEE FL 32041-1987 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
9889-1 San Jose Blvd	Signature Realty
Suite, Apt. #, etc. Jacksonville, FL	Suite, Apt. #, etc. 9889-1 San Jose Blvd
City & State	City & State Jacksonville, FL.
Zip 32257 Country USA	Zip 32257 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/28/1994

5. FEI Number: 59-3254901 ☐ 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
~~PD~~	~~JOHNS, KENNETH L. JR.~~	~~11217 SAN JOSE BLVD.~~	~~JACKSONVILLE FL 32223~~
~~VD~~	~~ZAKOSKE, JOHN E.~~	~~11217 SAN JOSE BLVD.~~	~~JACKSONVILLE FL 32223~~
~~SD~~	~~ARNOLD, CHARLES W. II~~	~~11217 SAN JOSE BLVD.~~	~~JACKSONVILLE FL 32223~~
PD	Charles Nettles	5656 Blue Pacific Dr.	Jacksonville, FL. 32257
VD	Adam Allen	10818 Hidden Ridge Ct	Jacksonville, FL. 32257
SD	Rose Ann Intiso	5607 Jeremy Ln.	Jacksonville, FL. 32257

8. Name and Address of Current Registered Agent

CANTRELL, BRYAN K
9889-1 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. 300003496813--8
-12/12/00--01040--015

City ****236 State FL ****236.25

CR2E040 (8/00)

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 [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/13/2000

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.

AD

SIGNATURE: [signature] Charles N. Nettles 11-2-00 904 746 7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #