


H010000418573

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 25 PM 3:13

CORPORATION REINSTATEMENT



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

DOCUMENT # **N 9700000 4272 (7)**

1. Corporation Name
Windsor Pointe Master Association, Inc.

2. Principal Office Address 10161 Centurion Pkwy. N.		3. Mailing Office Address	
Suite, Apt. #, etc. 150		Suite, Apt. #, etc.	
City & State Jacksonville		City & State	
Zip FL	Country Duval	Zip 32256	Country

REINSTATEMENT

98-01

4. Date Incorporated or Qualified To Do Business in Florida **7/25/97**

5. FEI Number **59-3476603** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **John S. Duss IV**

Street Address (P.O. Box Number is Not Acceptable)
10110 San Jose Blvd.

Suite, Apt. #, Etc.

City **Jacksonville** State **FL** Zip Code **32257**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0803, F.S.

Signature of Registered Agent  Date **4.25.01**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	John K. Sisk	10161 Centurion Pkwy N. #150	Jacksonville, FL 32256
DS	Ernestine Clark	10161 Centurion Pkwy N. #150	Jacksonville, FL 32256
D	John S. Duss IV	10110 San Jose Blvd.	Jacksonville FL 32257

AD

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 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: **Ernestine L. Clark** Ernestine L. Clark, Sec./Director (904) 620-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/24/01** Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Laura Reinhardt
Account Name : FORD, JETER & BOWLUS, P.A.
Account Number : 075350000442
Phone : (904) 268-7227
Fax Number : (904) 262-3337

CORPORATION REINSTATEMENT

WINDSOR POINTE MASTER ASSOCIATION, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$490.00

3
\$428.75