

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005693

1. Corporation Name

Westin-Dural Homeowners Assoc, Inc.

2. Principal Office Address

Signature Realty; Mgmt.
Suite, Apt. #, etc.

4003 Hartley Rd

City & State

Jacksonville, FL

Zip

32257

Country

USA

3. Mailing Office Address

Signature Realty; Mgmt.
Suite, Apt. #, etc.

4003 Hartley Rd

City & State

Jacksonville, FL

Zip

32257

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/24/99

5. FEI Number

59-3620964

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

Bryan Cantrell c/o Signature Realty; Mgmt

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

4003 Hartley Rd

600037337756

Suite, Apt. #, Etc.

05/26/04--01044--020 **297 50

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Bryan Cantrell

REGISTERED AGENT MUST SIGN

Date

4/26/04

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
PD	<u>Curtis Neal</u>	<u>8065 Beaver Creek Dr.</u>	<u>Jacksonville, FL 32210</u>
VPD	<u>Michelle Williams</u>	<u>4434 Deer Valley Dr.</u>	<u>Jacksonville, FL 32210</u>
SD	<u>Charles Moore</u>	<u>8025 Skambrat Springs Dr.</u>	<u>Jacksonville, FL 32210</u>
TD	<u>Keri Tarnowski</u>	<u>4464 Skambrat Springs Dr.</u>	<u>Jacksonville, FL 32210</u>

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:

Curtis A Neal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/04

Daytime Phone #

904/886-5985

CR2E081 (01/04)