

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY -3 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 758830

1. Corporation Name
2775 St. Johns Avenue Community Association, Inc

2. Principal Office Address - No P.O. Box #
2775 St. Johns Avenue

3. Mailing Office Address

Suite, Apt. #, etc
Unit #1

Suite, Apt. #, etc

City & State
Jacksonville, Florida

City & State

Zip
32205

Country
USA

Zip

Country

700205463997
04/28/11--01045--025 **1890.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIREL

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Daniel D. Akel, Esq.

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

Suite, Apt. #, Etc
Suite 2301

City
Jacksonville, Florida

State Zip Code
FL 32202

700205463997
05/03/11--01020--017 **61.25

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

Date **4-21-11**

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
P	Carter Brinkley	2775 St. Johns Avenue	Jacksonville, FL 32205
S-T	Gus Bock	2775 St. Johns Avenue	Jacksonville, FL 32205

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10. E-mail Address: **gbock31700@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Gus Bock, Gus Bock, SECRETARY/TREAS. 4-20-11 RA-112810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #