$1,583.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -4 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759581

1. Corporation Name
SPINNAKER NORTH CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 83-05
MRD

2. Principal Office Address		**3.** Mailing Office Address	
11111-70 SAN JOSE BOULEVARD		11111-70 SAN JOSE BOULEVARD	
Suite, Apt. #, etc. #289		Suite, Apt. #, etc. #289	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32223	Country USA	Zip 32223	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 08/11/1981

5. FEI Number ☑ 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
FRED L. AHERN, JR.

Street Address (P.O. Box Number is Not Acceptable)
2215 SOUTH THIRD STREET

100047924371
03/08/05--01016--021 **61.25

Suite, Apt. #, Etc.
SUITE 101

City	State	Zip Code
JACKSONVILLE BEACH	FL	32250

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 _____ REGISTERED AGENT MUST SIGN

Date 2/10/05

CR2E081 (01/05)

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/D	JOHN MARINO	11232-1 St. Johns Industrial Pkwy N	Jacksonville, Florida 32246
S/D	PAT ULRICH	514 Lower 8th Avenue South	Jacksonville Beach, Florida 32250
T/D	THAD LAYTON	102 Coquina Court	Ponte Vedra Beach, Florida 32082
		100047924371 03/08/05--01016--020 **1522.50	

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: Pat Ulrich PAT ULRICH 2/3/05 703-5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #