

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -8 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-10

DOCUMENT #

1. Corporation Name

Rio del Mar Condominium No. Twelve Association, Inc.

2. Principal Office Address - No P.O. Box #

5495 A1A South

Suite, Apt. #, etc.

3. Mailing Office Address

5495 A1A South

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

700165321717

01/08/10--01026--009 **560.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1982

5. FEI Number

59-2954834

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

Dena Tuten

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

5495 A1A South

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dena Tuten

REGISTERED AGENT MUST SIGN

Date 1/5/2010

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
D	Nora Van Arkel	724 Michaels Creek	Evans, GA 30809
D	Louise Chipman	9308 Waterglen Rd.	Jacksonville, FL 32256
D	Dena Tuten	5495 A1A South	St. Augustine, FL 32080

10. E-mail Address: jawlms@bellsouth.net

(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., 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.

SIGNATURE:

Dena Tuten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2010

Date

904-461-9696

Daytime Phone #