

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB 15 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

04-09

600167706996  
02/01/10--01046--012 \*\*\*428.75

CR2E081 (11/09)

DOCUMENT # 763641

1. Corporation Name

Rio Del Mar Condominium No. Four Association Inc.

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

110A Rio Del Mar

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

US

3. Mailing Office Address

3139 Cling Stone Place

Suite, Apt. #, etc.

City & State

Powder Springs, GA

Zip

30127

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida 04/23/03

5. FEI Number  
592876728

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  
Karen Jensen

Street Address (P.O. Box Number is Not Acceptable)  
110A Rio Del Mar

Suite, Apt. #, Etc.

City  
St. Augustine, FL

State Zip Code  
FL 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 *Karen Jensen*

Date 1/25/10

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
Director	Karen Jensen	110A Rio Del Mar	St. Augustine, FL 32080
Director	Daniel Tierney	110B Rio Del Mar	St. Augustine, FL 32080
Director	Mary Allen	110C Rio Del Mar	St. Augustine, FL 32080
			M. MILLIGAN EXAMINER
			FEB 15 2010

10. E-mail Address: kjensen@us.ibm.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., 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: *Karen Jensen* KAREN R Jensen

Date 1/25/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

770-439-7144