

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J38601

1. Corporation Name

FERNANDINA WATERVIEW DEVELOPMENT, INCORPORATED

Principal Place of Business

Mailing Address

**1024 Anchorage Court
Winter Park, FL 32789**

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/86

5. FEI Number

59-2750636

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

SB 75 Additional Fee requested
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T/D	SELTON, Robert W.	1024 Anchorage Court	Winter Park, FL 32789
V/S/D	BALPH, Jim	53 Cacache Cay	Vero Beach, FL 32963
V/D	DOUGALL, James	3375 151st Street	Goodyear, AZ 85338
D	OCHSNER, Todd A.	49 Old Church Road	Cranbury, NJ 08512
D	OCHSNER, Michael R.	49 Old Church Road	Cranbury, NJ 08512
			<i>8/11/29</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BURGESS, Granville C.
303 Centre Street, Suite 200
Fernandina Beach, FL 32034**

Name

POOLE, Wesley R.

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

303 Centre Street

Suite, Apt. #, Etc.

Suite 200

City

Fernandina Beach

State

FL

Zip Code

32034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Wesley R Poole

REGISTERED AGENT MUST SIGN

Date

11-8-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Robert W Selton

SIGNATURE: ROBERT W. SELTON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 599-3841

Date

Daytime Phone #

CR22061 (12-98)