

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Copy

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1799250

1. Corporation Name

EXCELLENT DESIGNER HOMES OF JACKSONVILLE

FILED

07 NOV 20 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8160 BAYMEADOWS WAY WEST

3. Mailing Office Address
8160 BAYMEADOWS WAY WEST

Suite, Apt. #, etc.
340

SUITE, APT #, ETC
340

City & State
JACKSONVILLE, FLORIDA

CITY & STATE
JACKSONVILLE, FLORIDA

Zip
32266

Country
DUVALL

Zip
32266

Country
DUVALL

4. Date Incorporated or Qualified
To Do Business in Florida 9/12/1990

5. FEI Number
693031692

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
RUEN, MARY L

Street Address (P.O. Box Number is Not Acceptable)
917 FIRST STREET SOUTH

Suite, Apt. #, Etc.
602

City
JACKSONVILLE BEACH

State
FL

Zip Code
32260

☒ 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

Mary L Ruen
REGISTERED AGENT MUST SIGN

Date 11-14-07

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
PRES.	RUEN, MARY L.	917 FIRST STREET SOUTH, UNIT 602	JACKSONVILLE BEACH, FLORIDA 32260
V. PRES.	WILSON, SHERRILL	492 NEWPORT DRIVE	ORANGE PARK, FLORIDA 32073

200112440083

11/20/07--01008--007 **500.00

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 contained in Chapter 119, 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:

Mary L Ruen MARY L RUEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-07

Date

904-387-1925

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2007

EXCELLENT DESIGNER HOMES OF JACKSONVILLE, INC.
8160 BAY MEADOWS WAY W.
SUITE 340
JACKSONVILLE, FL 32256

SUBJECT: EXCELLENT DESIGNER HOMES OF JACKSONVILLE, INC.
Ref. Number: L99250

We have received your check(s) totaling \$300.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 907A00064593