

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 PM 1:42

DOCUMENT # 7100000007309

1. Corporation Name

Villas of Cobblestone
Neighborhood Association Inc

REINSTATEMENT 02-06

2. Principal Office Address

3057 Cobblewood Ln E

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32225

City & State

Zip

32225

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2000

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

ELaine Bedell

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

3057 Cobblewood Ln E

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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

Elaine Bedell

Date 6/12/06

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
Vice Pres	ELAINE BEDELL	3057 Cobblewood Ln E	Jacksonville, FL 32225
Secy	Heldi Crystals	12016 Cobblewood Ln N	Jacksonville, FL 32225
Treas	Laurie Martin	12054 Candyswyske Ln	Jacksonville, FL 32225

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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:

Elaine Bedell

Elaine Bedell

6/12/06

904-644-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #