

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002860

1. Corporation Name

Windsor Chase Owners Association, Inc.

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

12620-3 Beach Blvd.

Suite, Apt. #, etc.

301

City & State

Jacksonville, FL

Zip

32246

Country

US

3. Mailing Office Address

12620-3 Beach Blvd.

Suite, Apt. #, etc.

301

City & State

Jacksonville, FL

Zip

32246

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
04-20-2001

5. FEI Number

59-3702159

☒

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

Lisa Gladney

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

12620-3 Beach Blvd

Suite, Apt. #, Etc.

301

City

Jacksonville

State

FL

Zip Code

32246

600284481756
04/12/16--01038--028 **175.00

600284481756
04/12/16--01038--028 **81.25

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

REGISTERED AGENT MUST SIGN

Date

4/8/16

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
P	Jeff Brown	12620-3 Beach Blvd Ste. 301	Jacksonville, FL 32246
T	Josh Kelne	12620-3 Beach Blvd Ste. 301	Jacksonville, FL 32246
S	Jesse Petersen	12620-3 Beach Blvd Ste. 301	Jacksonville, FL 32246
D	Dale Wagner	12620-3 Beach Blvd Ste. 301	Jacksonville, FL 32246
D	John Zumwalt	12620-3 Beach Blvd Ste. 301	Jacksonville, FL 32246
	REINSTATEMENT	- 2016	

10. E-mail Address: Info@KingdomManagement.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/16

Date

Daytime Phone #

4/13