PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	ß
REINSTATEMENT	SEAT S



FLORIDA DEPARTMENT OF STATES

DIVISION OF CORPORATIONS

Jim Smith Secretary of State FILED
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DIVISION OF CORPORATIONS

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1. Corporation Name

Windsor Pointe VIII Condominium Association, Inc.

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2. Principal Off 10161 Cen	ice Address turion Parkway North	3. Mailing Office Address 10161 Centurion Parkway North Suite, Apt. #, etc.				
Suite, Apt. #, etc				A. Data favorance of an Our life of		
City & State Jacksonville, FL		Suite 150 City & State Jacksonville, FL		4. Date Incorporated or Qualified To Do Business in Florida 07/10/2001		
32256	Country Duval	^{Zip} 32256	Country Duval			onal Fee required ficate of Status
		7. Nam	e and Address of Current Regis	stered Agent		
N	ame	Jo	hn S. Duss, IV			

John S. Duss, IV		
10110 San Jose Boulevard		

Jacksonville	State	Zip Code 32257
	Jacksonville	10110 San Jose Boulevard

 I, being appointed the registered agent of the 	he above named corporation, am familiar with and accept the obligations of section	607.0505 or 617.0503, F.S
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Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip P/T/D John Sisk 10161 Centurion Pkwy, N. #150 Jacksonville, FL 32256 V/S/D Ernestine NesSmith 10161 Centurion Pkwy, N. #150 Jacksonville, FL 32256 D John S. Duss 10110 San Jose Boulevard Jacksonville, FL 32257

REMSTATEMENT 200 80000 946 4938

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 filling 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.

SIGNATURE:

GNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E081 (9/01)

