

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100005413

1. Corporation Name

Moultrie Lakes Condominium Association, Inc.

2. Principal Office Address

1845 Old Moultrie Road

3. Mailing Office Address

1845 Old Moultrie Road

Suite, Apt. #, etc.

77

Suite, Apt. #, etc.

77

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

St. Johns

Zip

32086

Country

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida August 1, 2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Katherine G. Jones

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

780 North Ponce de Leon Boulevard

700033094507

04/19/04--01068--022 **367 50

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Katherine G. Jones

Date

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
P/D	Frank Petersilie	1845 Old Moultrie Road #77	St. Augustine, FL 32086
V/D	Natalie Beth Petersilie	1845 Old Moultrie Road #77	St. Augustine, FL 32086
S/T/D	Jennifer Steele	948 Windward Way	St. Augustine, FL 32080

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 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:

Natalie Beth Petersilie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

(904) 669-7084

Daytime Phone #

CR2E081 (01/04)