

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000005928

**1. Corporation Name**  
STONEBRIDGE SUBDIVISION OF FLAGLER COUNTY  
HOMEOWNERS ASSOCIATION, INC.

**2. Principal Office Address**  
216 Moody Boulevard

**3. Mailing Office Address**  
Post Office Box 302

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Flagler Beach, FL 32136

**City & State**  
Flagler Beach, FL 32136

**Zip** 32136  
**Country** US

**Zip** 32136  
**Country** US

**4. Date Incorporated or Qualified To Do Business in Florida** 08/08/2002

**5. FEI Number** 57-1203655

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** Jeffrey C. Sweet, Esquire

400035785944

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

05/07/04-01095-004 \*\*297.50

595 West Granada Blvd.

**Suite, Apt. #, Etc.**

Suite A

**City**

Ormond Beach,

FL

32174

**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**

*Jeffrey C. Sweet*

REGISTERED AGENT MUST SIGN

**Date** 4/23/04

**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	Alde M. Blackburn	216 Moody Blvd.	Flagler Beach, FL 32136
S/T/D	Angele I. Blackburn	216 Moody Blvd.	Flagler Beach, FL 32136
D	Jeffrey C. Sweet	595 W. Granada Blvd., Ste. A	Ormond Beach, FL 32174

**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:**

*Jeffrey C. Sweet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jeffrey C. Sweet, Director

4/23/04

Date

386-677-3431

Daytime Phone #

CR2E081 (01/04)