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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 29 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009012

1. Corporation Name

J. D. Smith Trail Home Owners Association, Inc.

REINSTATEMENT 03-06

2. Principal Office Address		3. Mailing Office Address	
18500 Macclenny Road		P. O. Box 387	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville, FL		City & State: Macclenny, FL	
Zip: 32234	Country: USA	Zip: 32063	Country: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 11-18-02

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Daniel D. Akel, Esquire
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive
Suite, Apt. #, etc.: Suite 2301
City: Jacksonville | State: FL | Zip Code: 32202

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: David D. Akel Date: 6/29/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

P/S/T/D

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Richard M. Davis	P.O. Box 387	Macclenny, Florida 32063
D	Richard H. Davis	P. O. Box 387	Macclenny, Florida 32063
D	Michael H. Stokes	18500 Macclenny Road	Jacksonville, Florida 32234
D	John Kennedy	595 South 6th Street	Macclenny, Florida 32063

10. I certify that I am an officer or director of 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: [signature] 6-23-06 904-259-1999
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

J.D. SMITH TRAIL HOME OWNERS ASSOCIATION, INC.

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