


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
06 APR 20 10:44  
FILE

DOCUMENT # N03000001701

1. Corporation Name

11 EAST FORSYTH CONDOMINIUM ASSOCIATION, INC.

<b>2. Principal Office Address</b> 3020 HARTLEY ROAD		<b>3. Mailing Office Address</b> 3020 HARTLEY ROAD	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32257	Country US	Zip 32257	Country US

300073752613  
05/02/06--01062--014 \*\*358.75  
CR2E081 (12/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 02/26/2003	
<b>5. FEI Number</b> 20-4704992	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

Name  
MARK T. FARRELL  
Street Address (P.O. Box Number is Not Acceptable)  
3020 HARTLEY ROAD  
Suite, Apt. #, Etc.  
SUITE 300  
City  
JACKSONVILLE

State  
FL  
Zip Code  
32257

**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

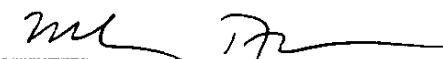
Date APRIL 11, 2006

**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
PD	ROOD, JOHN D.	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257
VTD	FARRELL, MARK T.	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257
SD	ROOD, JAMIE A.	3020 HARTLEY ROAD, SUITE 300	JACKSONVILLE, FL 32257

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/06

Date

904-260-3030

Daytime Phone #