

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -4 AM 9:27

DOCUMENT # N03000002071

1. Corporation Name

Springleaf Unit II Homeowners Association, Inc.

300180281803  
05/04/10--01052--012 \*\*420.00

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #

63 Shadow Creek Way

3. Mailing Office Address

63 Shadow Creek Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/2003

5. FEI Number

59-2968698

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

Seabreeze Corporate Services, LLC

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

444 Seabreeze Blvd., Ste. 900

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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 P. Brock / Mgr REGISTERED AGENT MUST SIGN

Date

4/30/10

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
DP	Steve Courteaux	63 Shadow Creek Way	Ormond Beach, FL 32174
DV:	Mark Courteaux	63 Shadow Creek Way	Ormond Beach, FL 32174
DST	Mary Courteaux	63 Shadow Creek Way	Ormond Beach, FL 32174

REINSTATEMENT 07-10

10. E-mail Address: jbrock@daytonalaw.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Steve Courteaux

Steve Courteaux

4/30/10

386-672-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #