

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000008654

1. Corporation Name

Daybreak Woods Phase 1 Homeowners Association
INC.

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

4736 Blanding Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 350210

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

Duval

Zip

32235

Country

Duval

600159469516
08/11/09--01024--017 **\$42.50

600159469516
08/11/09--01024--018 **\$8.75
CR2E081 (12/08)

4. Date incorporated or Qualified To Do Business in Florida Oct 2, 2003

5. FEI Number
203469441

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
George H.G. Hall

Street Address (P.O. Box Number is Not Acceptable)
4736 Blanding Blvd

Suite, Apt. #, Etc.

City
Jacksonville

State Zip Code
FL 32210

☐ The 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

George H.G. Hall

Date August 4, 2009

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
DP	Michael E. Zeal	1203 Spring Creek Ct	Jacksonville, FL 32218
DT	Chad Mc Graw	1236 Spring Creek Ct	Jacksonville, FL 32218
DVS	Jennifer A. Mann	1220 Spring Creek CT	Jacksonville, FL 32218
D	Carol McVay	1180 Morning Light Rd	Jacksonville, FL 32218

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:

Michael E. Zeal

Michael E. Zeal, President

08/03/2009

904-757-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #