PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLOOR						RIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 08 JUL 28 PH 12: 28 SECRETARY OF STATE TALLAHASSES STATE						
DOCUMENT # NO400007278 1. Corporation Name The Corrages at Atlantic Beach											1	TALLAHAS	SEE,	r STA FLOR	IE IDA	
Homeowners A stociation, Inc																
						g Office Address 55 AIA S. #, etc.				REIN	STAT	ewen	N'	05-	08	
City & State					City & State					4. Date incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For						
Jack Zip FL	Jackson ville Country 7L 32233			St. Augustine Zip Country FL St. Johns				_	37-1494542 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status							
Name MAY Management Secul Street Address (P.O. Box Number is Not Acceptable) 5455 ALAS, Suite, Apt. #, Etc.										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.						
	f				ve named corpo	oration, am f	State FL amiliar	Zip Code 32080 with and accept the o	oblig	ations of section	on 607.0505 or 6	17.0503, F.S.				
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 Directo					•	City / State / 2	Zip			
ρ	GARY Je-Kin.					81 Brach Cottage ban Atlantic Brach FL				1213		<u> </u>				
S	Romald Dull					So Brach Cottage La Atlantic Beach FL 32				23 7	IN 1 22	こつつに			-	
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this rei	instatement a by the corporal application is	pplication ation have s true and	n, the reason e been paid a d accurate, ar	for diss and the	olution has bee names of indivi- ignature shall h	n eliminated duals listed o ave the sam	, the co on this f e legal	te this application as rporate name satisfie orm do not qualify for effect as if made und	es the	e requirements exemption cont	of section 607.0 tained in Chapte	401 or 617.0401, r 119, F.S. The in	F.S., the	nat all fees on indicate	.	
Į.	/§	IGNATUR	E AND TYPE	D/OR PR	INTED NAME OF	SIGNING OF	FICER O	R DIRECTOR			Date	Daytime	Phone #	; 		