

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : ANSBACHER & SCHNEIDER, PA
Account Number : 072647001172
Phone : (904) 296-0100
Fax Number : (904) 296-2842

CORPORATION REINSTATEMENT**THE CORNERS AT DEERWOOD CONDOMINIUM ASSOCIATION, INC**

Certificate of Status	0
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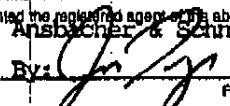
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05000000263					
1. Corporation Name THE CORNERS AT DEERWOOD CONDOMINIUM ASSOCIATION, INC.					
2. Principal Office Address - No P.O. Box # 7545 Centurion Parkway			3. Mailing Office Address P.O. Box 551260		
Suite, Apt. #, etc. Unit 208			Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32256	Country U.S.	Zip 32255-1260	Country U.S.	4. Date Incorporated or Qualified To Do Business in Florida 01/07/2005	
5. FBI Number 20-4033708				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$0.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Anabacher & Schneider, P.A.					
Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road					
Suite, Apt. #, Etc. Building 100					
City Jacksonville			State FL	Zip Code 32256	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S. Anabacher & Schneider, P.A.					
Signature of Registered Agent By: 				Date 07/13/2009	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DPS	James A. Heinz	7545 Centurion Parkway, Unit 208		Jacksonville, FL 32256	
DT	Richard D. Root	7545 Centurion Parkway, Unit 208		Jacksonville, FL 32256	
DVP	Cheryl Melde	7545 Centurion Parkway, Unit 208		Jacksonville, FL 32256	
REINSTATEMENT 06-09					
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. Richard D. Root, Director					
SIGNATURE: 				Date 07/13/2009 (904) 641-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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