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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

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H09000160742 3

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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 #	3. Mailing Office Address
7545 Centurion Parkway	P.O. Box 551260
Suite, Apt. #, etc.: Unit 206	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32256 Country: U.S.	Zip: 32255-1260 Country: U.S.

CR2E081 (12/06)

4. Date Incorporated or Qualified To Do Business In Florida: 01/07/2005

5. FEI Number: 20-4033708 ☐ 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: Ansbacher & 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

☐ 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.

Ansbacher & Schneider, P.A.

Signature of Registered Agent: By: [signature] REGISTERED AGENT MUST SIGN Date: 07/13/2009

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 206	Jacksonville, FL 32256
DT	Richard D. Root	7545 Centurion Parkway, Unit 206	Jacksonville, FL 32256
DVP	Cheryl Melde	7545 Centurion Parkway, Unit 206	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: [signature] 07/13/2009 (904) 641-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H09000160742 3