PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations									- FILED			
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									SECKE MACT OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # N05000003382									IALL	LAHASE	, LL. I LOIME	, n
1. Corporation Name Skylark Estates Homeowners Owners Association Inc.												
Skylark Estates Homeowners Owners Association, Ing												
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address									700 -0540640)128 8MA	:56707 19001	?
·						Beach Blvd.			REI	121		TENT.
Suite, Apt. #		<u>. </u>		Suite, Apt. :							2001 (1201/0	<u> </u>
Suite 4 #301									4. Date Incorporated or Qualified To Do Business in Florida 3/29/2005			
City & State City & State					•	··,,					3/29/2005	A II - 4 F
Jacksonville, FL					Jacksonville, FL				5. FEI Number			
Zip	,		Country		Zip		itry		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required			
32246		US		32246		US			CERTIFICATE OF	STATUS DES	for a C	ertificate of Status
7. Name and Address of Current Registered Agent												
Name Sherrie Jarnutowski								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.				
Street Address (P.O. Box Number is Not Acceptable) 12620-3 Beach Blvd.												
Suite, Apt. #, Etc.												
#301												
City Jacksonville						State Zip Code 32246						
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 Share - arm Tryanke -									Date april 30,08			
Registered Agent										Date	4pm 30	, 0 0
9. Names	and Street A	ddresse	s of Each Officer	and/or Director (f	Florida nonpre	ofit corp	orations must	list at le	ast 3 directors)	***	-	
Titles	Name of Officers and/or Directors			ors	Street Address of Eac Officer and/or Directo						City / State / Z	ip
Р	James, Juliette				12620	12620-3 Beach Blvd. #301			Jacksonville, FL 32246			
D	Gorsuch, Kay				12620	12620-3 Beach Blvd. #301			Jacksonville, FL 32246			
s	Stefanides, Allison				12620	12620-3 Beach Blvd. #301			Jacksonville, FL 32246			3
D	Pilon, Michael				12620	12620-3 Beach Blvd. #301			Jacksonville, FL 32246			S
Т	Carter, Walter				12620	12620-3 Beach Blvd. #301			Jacksonville, FL 32246			3
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 filling 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: 4/30/2008 904-646-2626												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												

- AM A MAN G 2000