2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # N0600005091 1. Entity Name KINGSLEY JUNCTION HOMEOWNERS ASSOCIATION, INC. | | | | | | | | | 2007 DEC 24 PM 1: 43 | | | | |
|--|---|------------------------------|------------------|---|-----------------------------|-----------------------|---|--|----------------------|-----------|-----------------|---------------------------|--|
| Principal Place of Business 1455 PLAINFIELD AVE ORANGE PARK, FL 32073 | | | | Mailing Address 1455 PLAINFIELD AVE ORANGE PARK, FL 32073 | | | | 2001 1 SECRETARY OF STATE 12/24/07-01010 AUTOM A | | | | | |
| 2. Principal Place of Business - No P.O. Box # 655 CORDUROY COURT | | | | 3. Mailing Address 655 CORDUROY COURT | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 12052007 _{RE} | IN-NP | CR2E | 099 (1/07) | | |
| City & State ORANGE PARK, FL | | | | City & State ORANGE PARK, FL | | | | 4. FEI Number 20-495 | 3437 | | | plied For t Applicable | |
| 32073 | 3 Country | | | ^{Zip} 32073 | | | , | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | litlonal | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent | | | | | | | | | | | | | |
| DINKINS, BENJAMIN S | | | | | | Name KELLEY, DAVID E. | | | | | | | |
| 1455 PLAII ORANGE | NFIELD A | VE | | | | | Street Address (P.O. Box Number is Not Acceptable) 655 CORDUROY COURT | | | | | | |
| | | | | | | | City Zip.Code | | | | | | |
| ORANGE PARK FL 32073 | | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | | |
| SIGNATURE DAVID E. KELLEY, PRESIDENT 0/27/7 Signature, hyped or printed name of registered agent after-tdg. if applicable (NOTE; Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| FILE NOWIII FEE IS \$81.25 After January 1, 2008, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State | | | | | | | | | | | | | |
| 10. | | OFFICERS AN | ND DIRECTOR | | | 11. | | ADDITIONS/CHANG | ES TO OFFICERS | AND DI | RECTORS IN | 10 | |
| TITLE | PD Detet | | | | | TITLE | PD | TEV DAV | TIN ID | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY+ST+ZIP | MORGAN, PETER C 1817 PLAINFIELD AVE ORANGE PARK, FL 32073 | | | | NAME STREET / CITY-ST | | | LLEY, DAVID E. 5 CORDUROY COURT ANGE PARK, FL 32073 | | | | | |
| TITLE | STD | | | | Delete | TITLE | T | | | | Change | ★ Addition | |
| NAME | DINKINS, BENJAMIN S | | | | | | | LPEPPER, 9 CORDURO | | | |] | |
| STREET ADDRESS City-St-Zip | ORANGE PARK, FL 32073 | | | | | STREET ADDR | 1 | ANGE PARK, FL 32073 | | | | | |
| TITLE | D | - | | C X C | Delete | TITLE | D | | | | ☐ Change | Addition | |
| NAME | FRICK, DI | | | | | NAME STREET ADDR | | KINS, BE | | | | | |
| STREET ADDRESS CITY+ST-ZIP | | LY LEAF LN PARK, FL 32073 | | | | CITY-ST-ZIP | 1 143 | 3 PLAINF NGE PARK | IELD AV | Е. 073 | | | |
| TITLE | | | ···· | | Selete | TITLE | 1 | | , | | ☐ Change | Addition | |
| NAME CTREET ADDRESS | | | | | | NAME STREET ADDE | | LL, LEAH 7 CORDURO | Y COURT | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | | | | CITY-ST-ZIP | | ANGE PARK | | 073 | | ļ | |
| TITLE | | | - · | | Deleta | TITLE | D | | _ | | Change | Addition | |
| NAME | | | | | | NAME 070557 + DOS | 1 271 | DDARD, ER I CORDURO | NEST V COURT | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | STREET ADDR | 1200 | NGE PARK | | 073 | | | |
| TITLE | | | | | Delete | TITLE | D | | | | ☐ Change | Addition | |
| NAME PERSON | | | | | | NAME CTOCCT ADDI | JOH | INSON, TE 5 CORDURO | RRI V COUDT | | | ļ | |
| STREET ADDRESS City-S1-ZIP | | | | | | STREET ADDI | | NGE PARK | | 073 | | } | |
| 12 I hereby r | l certify that th | e information suppl | ied with this fi | ling does n | ot qualify for | the exempt | ions containe | ed in Chapter 119, F | lorida Statutes, I f | urther ce | ortify that the | information | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withian address, with all other like empowered. | | | | | | | | | | | | | |
| 12 /2 /2 /5/10/16 | | | | | | | | | | | | | |
| SIGNAT | URE: _ | SIGNATURE AND TYP | ED OR PRINTED I | NAME OF BIGN | ING OFFICER OF | R DIRECTOR | | | Dala Dala | | Daytime Phone # | - | |

12/24