

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 MAR 20 PM 12:13

DOCUMENT #

1. Corporation Name

NO 6000010107

Serena Point Condominium Association, Inc.

300310810673
03/20/18--01010--008 **245.00

2. Principal Office Address - No P.O. Box #

12620-3 Beach Blvd

3. Mailing Office Address

12620-3 Beach Blvd

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32246

Country

Duval

Zip

32246

Country

Duval

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

SEP 26, 2006

5. FEI Number

20-8346022

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherrie Jarnutowski

Street Address (P.O. Box Number is Not Acceptable)

12620-3 Beach Blvd. # 301

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

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
Registered Agent

Sherrie Jarnutowski

REGISTERED AGENT MUST SIGN

Date 3-15-18

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 Director	City / State / Zip
P	Helen Leather	12620-3 Beach Blvd # 301	Jacksonville, FL 32246
VP	John Fletcher	12620-3 Beach Blvd # 301	Jacksonville, FL 32246
D	Mark Patterson	12620-3 Beach Blvd # 301	Jacksonville, FL 32246

10. E-mail Address:

info@KingdomManagement.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Sherrie Jarnutowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/18 9046462626

Daytime Phone #