PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 JAN 15 AM 9:30

DOCUMENT # N06712

1. Corporation Name

The Waterford Condominium Association of Jacksonville, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o FirstService Residential, 6620 Southpoint Dr. S	c/o FirstService Residential, 6620 Southpoint Dr. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 610	Suite 610
City & State	City & State
Jacksonville, FL	Jacksonville, FL
Zip / Country	Zip / Country
32216 / US	32216 / US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
12/18/1984

5. FEI Number
59-2787333
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Law Office of Rosanne P. Perrine, P.A.

Street Address (P.O. Box Number is Not Acceptable)
238 Canal Blvd,

Suite, Apt. #, Etc.
Suite 3

City: Ponte Vedra Beach | State: FL | Zip Code: 32082

500328341745
01/15/19--01012--013 **236.25

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: Rosanne P. Perrine, President
REGISTERED AGENT MUST SIGN

Date: 1/7/2018

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, D	Scott Thomas	6620 Southpoint Dr. S., Suite 610	Jacksonville FL 32216
T, D	Bill Quinn	6620 Southpoint Dr. S., Suite 610	Jacksonville FL 32216
S, D	Francis Porter	6620 Southpoint Dr. S., Suite 610	Jacksonville FL 32216
		JAN 15 2019	
		R. HUNT	

10. E-mail Address: Eric.Kohorn@fsresidential.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: Scott A. Thomas PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2018
Date

800-927-4599
Daytime Phone #