

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -8 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N07000003360

1. Corporation Name

Magnolia Park Subdivision Homeowners Association, Inc.

300163416683  
12/08/09--01004--006 \*\*122.50

2. Principal Office Address - No P.O. Box # 300 S. Irwin Avenue		3. Mailing Office Address 300 S. Irwin Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ocilla, Georgia		City & State Ocilla, Georgia	
Zip 31774	Country USA	Zip 31774	Country USA

**REINSTATEMENT** 08-09

4. Date Incorporated or Qualified To Do Business in Florida 3/30/2007	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Frances Casey Lowe, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 3042 Crawfordville Highway		
Suite, Apt. #, Etc.		
City Crawfordville	State FL	Zip Code 32327

☒ 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.

Signature of Registered Agent: Frances Casey Lowe Date: 11/22/09

REGISTERED AGENT MUST SIGN

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
<input type="radio"/>	Ameris Bank by and through their agents	300 S. Irwin Avenue	Ocilla, Georgia 31774

10. E-mail Address: jim.gibbs@amerisbank.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., 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.

SIGNATURE: Jim Gibbs V.P. Date: 11/23/09 468-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR