

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 FEB -7 AM 2:54

DOCUMENT # N07000007147

1. Corporation Name

GRAND PRESERVE VILLAGE CONDOMINIUM ASSOC.

REINSTATEMENT 09-12

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

C/O ACTION REAL ESTATE SERVICES

3. Mailing Office Address

Suite, Apt. #, etc.

6110-B NW 1<sup>ST</sup> PL

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

Zip

32607

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/07

5. FEI Number

26 0584801

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

D JEFFREY SAUSAMAN

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

C/O ACTION REAL ESTATE SERVICES

Suite, Apt. #, Etc.

6110-B NW 1 PL

City

GAINESVILLE

State

FL

Zip Code

32607

200220772812  
02/07/12--01022--015 \*\*420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

D Jeffrey Sausaman

Date 2/2/12

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
PD	SCOTT FERGUSON	800 N. MAGNOLIA AVE #704	ORLANDO FL 32803
D	TONY MARTIN	800 N. MAGNOLIA AVE #704	ORLANDO FL 32803
SD	WAYNE BAUMAN	775B SW 64 LANE	GAINESVILLE FL 32608

10. E-mail Address: PROPMAN@ACTION-REALTORS.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 807.0401 or 817.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/12

407-440-0470

FEB 07 2012