

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 28 PM 1:37

DOCUMENT # N08000009177

1. Corporation Name

SYLVAN ESTATES HOMEOWNERS ASSOCIATION, INC.

KS

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

14420 Lake Jessup Drive

Suite, Apt. #, etc.

3. Mailing Office Address

14420 Lake Jessup Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32258

Country

USA

Zip

32258

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1/2008

5. FEI Number

None

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nehu C. Patel

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

14420 Lake Jessup Drive

Suite, Apt. #, Etc

City

Jacksonville

State

FL

Zip Code

32258

500185961845
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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

Nehu C. Patel REGISTERED AGENT MUST SIGN

Date 9/ 9 /10

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	Nehu C. Patel	14420 Lake Jessup Road	Jacksonville, FL 32258
VP/D	Christopher W. Blaquiére	2740 Loretto Road	Jacksonville, FL 32223
S/T/D	Rupa D. Patel	14420 Lake Jessup Road	Jacksonville, FL 32258

10. E-mail Address: nehupatelmd@gmail.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:

Nehu C. Patel

9/ 9 /10

904-463-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #