

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
COASTAL OAKS AT NOCATEE CARRIAGE HOMES CONDOMINIUM A**

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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FILED
 16 JUN -6 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10000004926

1. Corporation Name
 Coastal Oaks at Nocatee Carriage Homes Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 160 Cape May Avenue		3. Mailing Office Address 13820 St. Augustine Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 300 B	
City & State Ponte Vedra, Florida		City & State Jacksonville, Florida	
Zip 32081	Country USA	Zip 32258	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
5/18/2010

5. FEI Number 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantations

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0603, F.S.

ANN J. WILLIAMS
 Assistant Vice President

Signature of Registered Agent *Ann Williams* Date 6/6/2016
 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	Matt Olive	13820 St. Augustine Road, Suite 300 B	Jacksonville, FL 32258
VD	Brian Loptus	13820 St. Augustine Road, Suite 300 B	Jacksonville, FL 32258
STD	Jeremy Hampson	1320 St. Augustine Road, Suite 300 B	Jacksonville, FL 32258

S. HAWKES

JUN - 3 AM

EXAMINED

REINSTATEMENT

2011-2016

10. E-mail Address: jhampson@tollbrothersinc.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: *Jeremy Hampson* **Jeremy Hampson**
 OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/16 904-217-0739
 Date Daytime Phone #