

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -9 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900055710069
06/03/05--01026--016 **1216.25

REINSTATEMENT 89-05

DOCUMENT # *N15056*

1. Corporation Name
Kingswood Court Owners Association, Inc.

2. Principal Office Address 5350 NW 8th Avenue		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gainesville, Florida		City & State	
Zip 32605	Country Alachua	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>5/22/86</i>	
5. FEI Number 00	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Barbara A. Kelleher

Street Address (P.O. Box Number is Not Acceptable)
5324 NW 8th Avenue

Suite, Apt. #, Etc.

City
Gainesville

State
FL

Zip Code
32605

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 *Barbara A. Kelleher* Date *5/06/05*

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
Pres.	Barbara A. Kelleher	5324 NW 8th Avenue	Gainesville, FL 32605
Treas.	Bob Bachus	5328 NW 8th Avenue	Gainesville, FL 32605
Secy.	John Orton	5344 NW 8th Avenue	Gainesville, FL 32605

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Barbara A. Kelleher* Date *5/6/05* Daytime Phone # *352-374 7191*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A KELLEHER

CR2E081 (01/05)