

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 17 PM 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N16297

**1. Corporation Name**

St Johns Wood Owners Association, Inc.

**2. Principal Office Address**

%Sam Blandford

Suite, Apt. #, etc.

3011 St. Johns Avenue

City & State

Jacksonville, FL

Zip

32205

Country

USA

**3. Mailing Office Address**

%Sam Blandford

Suite, Apt. #, etc.

3011 St. Johns Avenue

City & State

Jacksonville, FL

Zip

32205

Country

USA

**REINSTATEMENT** 03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/11/1986

**5. FEI Number**

59-2725545

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sam Blandford

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

3011 St. Johns Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

**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

Date

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	Sam Blandford	3011 St. Johns Avenue	Jacksonville, FL 32205
TD	Barbara Pepper	3003 St. Johns Avenue	Jacksonville, FL 32205
SD	Leslie A Freeman	3005 St. Johns Avenue	Jacksonville, FL 32205

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/05 904-384-4641

Daytime Phone #