2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	KEINSIA	A I EMEN I					
	MENT # N27918	. ———				FILED	
1. Entity Name VILLAGE HOMEOWNERS OF JAX, INC.					06.14	N-9 PH	^ .
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Principal Place	e of Business		O FONE	3	IALLA	LANT OF S MASSEE, FLI	ÎATE ODIO:
10909 BEACH BLVD. BO JONES 10909 BEACH BLVD.# 3 10909 BEACH BLVD.# 3 10909 BEACH BLVD.# 3						- 14 ()	UNIUA
• •	lace of Business OF BEACH BIVE	3. Mailing Address 10960 BEA	CH BWD				
Suite, Apt.		Suite, Apt. #, etc.		01062006 RE	A BANG	2E099 (11/05)	-06
City & State		City & State	استا	4. FEI Number 59-293161	α		plied F
Zip	COUNTY COUNTY	Zip	Country			\$8.75 Add	ot Applic ditional
322	6. Name and Address of Current	322Hb Registered Agent	DOVAL		ress of New Registe	Fee Require	
SPRINGER, JAMES S 10960 BEACH BLVD, #455 JACKSONVILLE, FL 32246			Name	Bo Jone			
			Street Address (P.O. Box Number is Not Acceptable)				
JACKOON	VILLE, 1 L 02240		109	60 BEACH	BLVD #	= 275	
- · · · · · · · · · · · · · · · · · · ·			City 7	ACKSONVINNE	, FLA.	FL 322	40
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	egistered office or	registered agent, or both, in	the State of Florida.	l am familiar with,	and ac
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SIGNATURE	no some				1-6-6	16	
SIGNATURE .	Signature, prood or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat	ture required when reinstating)	1-6-6	ATE	
	Signature, pood or printed name of registered agent LE NOW!!! FEE IS \$122.50	In accordan	Registered Agent signal ce with s. 607.193 did not receive th	3(2)(b), F.S., the	Make c	ATE heck payable to spartment of St	
FII	LE NOWI!! FEE IS \$122.50 OFFICERS AND DI	In accordance corporation	ce with s. 607.19: did not receive th	3(2)(b), F.S., the e prior notice.	Make c Florida D	heck payable to spartment of S	tate
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10.	OFFICERS AND DI	In accordance corporation	ce with s. 607.19. did not receive th	3(2)(b), F.S., the se prior notice.	Make c Florida Do ES TO OFFICERS AN 3 CHT BLVD &	heck payable to spartment of State Directors in 20 Change	tate N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bo

Jones

1-6-06