PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 OCT -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34915

1. Corporation Name

HERON POINTE RESIDENCE ASSOCIATION

Principal Place of Business / Mailing Address

1200 RIVERPLACE BLVD SUITE 902
JACKSONVILLE, FL 32207

REINSTATEMENT 91-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
1200 RIVERPLACE BLVD
Suite, Apt. #, etc.
902
City & State
JACKSONVILLE, FL
Zip 32207 Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1990

5. FEI Number
65-0211929
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	WILLIAM L. DAHL	1200 RIVERPLACE BLVD	JACKSONVILLE, FL 32207
T/D	KELLY ANN RAUCH	1200 RIVERPLACE BLVD	JACKSONVILLE, FL 32207
S/D	TRINA D. MILLER	1200 RIVERPLACE BLVD	JACKSONVILLE, FL 32207

300002656903--5
10/06/98--01056--007
******665.00 ******665.00

300002656903--5
10/06/98--01056--006
******8.75 ******8.75

8. Name and Address of Current Registered Agent

WILLIAM L. DAHL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1200 RIVERPLACE BLVD. SUITE 902
Suite, Apt. #, Etc.
City JACKSONVILLE, State FL Zip Code 32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] Date 10/1/98
REGISTERED AGENT MUST SIGN

11: This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] 10/1/98 (904) 393-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #