

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37843**

**1. Corporation Name**

Scott Mill Bluff Owners Association, Inc.

**2. Principal Office Address**

2609 Scott Mill Dr. S

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip

32223

Country

Duval

**3. Mailing Office Address**

2609 Scott Mill Dr. S.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip

32223

Country

Duval

**4. Date Incorporated or Qualified  
To Do Business in Florida 4-25-1990**

**5. FEI Number**

59-3045885

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

Carl R. Gambrell

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

2609 Scott Mill Dr. S.

Suite, Apt. #, Etc.

City

Jacksonville

State  
**FL**

Zip Code  
32223

**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 **2-10-2004**

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	Carl R. Gambrell	2609 Scott Mill Dr. S.	Jacksonville, Fl. 32223
VD	Jim Fiorino	2563 Scott Mill Dr. S.	Jacksonville, Fl. 32223
SD	Amy Mitchell	2603 Scott Mill Dr. S.	Jacksonville, Fl. 32223

**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.**

*CARL R. GAMBRELL*

**SIGNATURE:**

*Carl R. Gambrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-2004**

Date

**904-262-9965**

Daytime Phone #

CR2E081 (01/04)