

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY -3 AM 11:54

DOCUMENT # N38521

1. Corporation Name

Augustine Place Homeowners Assoc, Inc.

2. Principal Office Address

1738 Augustine Place

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

Leon

3. Mailing Office Address

PO Box 13855

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32312-3855

Country

Leon

**REINSTATEMENT 92-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

6-08-90

5. FEI Number

42-1614344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

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

Name

Edward J. Wozniak

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

1738 Augustine Place

Suite, Apt. #, Etc.

City

Tallahassee

300036192663

05/12/04--01030--026 \*\*980.00

State

FL

Zip Code

32301

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

Edward J. Wozniak  
REGISTERED AGENT MUST SIGN

Date May 3, 2004

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
P	Edward J. Wozniak	1738 Augustine Place	Tallahassee/FL/32301
V	Ric Hollifield	7825 McClure Dr.	Tallahassee/FL/32312
S	Meredith Mellor Miller	1748 Augustine Place	Tallahassee/FL/32301
T	Tanya Carroll	1735 Augustine Place	Tallahassee/FL/32301

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

Edward J. Wozniak

EDWARD J. WOZNIAK

05/03/04

850.413.3171

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)