PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY 22 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # N38521

1. Corporation Name

Augustine Place Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1713 Augustine Place		P.O.Box 12144	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Talllahassee, Florida		City & State: Tallahassee, Florida	
Zip: 32301	Country: Leon	Zip: 32317-2144	Country: Leon

4. Date Incorporated or Qualified To Do Business in Florida: 06/08/1990

5. FEI Number: 42-1614344 ☐ Applied For ☐ Not Applicable

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

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name: Patricia Owens

Street Address (P.O. Box Number is Not Acceptable): 1713 Augustine Place

Suite, Apt. #, Etc.

City: Tallahassee 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: Patricia Owens Date: 5/22/09

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
P	Patricia Owens	1713 Augustine Place	Tallahassee, Florida 32301
V	Thomas Cassels	1708 Augustine Place	Tallahassee, Florida 32301
S	Meredith Mellor Miller	1748 Augustine Place	Tallahassee, Florida 32301
T	Jacqueline Roumou	1707 Augustine Place	Tallahassee, Florida 32301
			05/22/09 --01007--001 ***35.00

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 contained in Chapter 119, 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: J. Roumou 5/22/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAY 22