

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -5 PM 2:08

DOCUMENT # N40245

1. Corporation Name

WEDGEWOOD VILLAS OF DUVAL COUNTY OWNERS
ASSOCIATION INC.

2. Principal Office Address

562 STAFFORDSHIRE DR E
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 351564
Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32225

Country

USA

City & State

JAX, FL

Zip

32235

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

58-1959729

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

MELISSA J. HOWELL

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

562 STAFFORDSHIRE DR E

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32225

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

M. J. Howell

REGISTERED AGENT MUST SIGN

Date

8/3/05

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
PRES	FLORA NIX	627 STAFFORDSHIRE DR E	JAX, FL 32225
V. PRES	ZELLA VAUGHAN	579 STAFFORDSHIRE DRE	JAX, FL 32225
DIR SECT	GERALDO CRUZ	644 STAFFORDSHIRE DR.	JAX, FL 32225
DIR	MELISSA HOWELL	562 STAFFORDSHIRE DR E	JAX, FL 32225
DIR	GEORGE HOWELL	562 STAFFORDSHIRE DR E	JAX, FL 32225

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:

M. J. Howell / M. J. HOWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/05
Date

(904) 221-2027
Daytime Phone #

CR2E081 (01/05)