

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

08 FEB 25 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41503

1. Corporation Name  
Association of Rolling River Owners Inc

2. Principal Office Address - No P.O. Box # <u>11555 Central Parkway</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc. <u>1103</u>		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State	
Zip <u>32224</u>	Country <u>USA</u>	Zip	Country

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida <u>1/3/1991</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>20 0976222</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
First Coast Association Management LLC

Street Address (P.O. Box Number is Not Acceptable)  
11555 Central Parkway

Suite, Apt. #, Etc.  
Ste: 1103

City  
Jacksonville

State  
FL

Zip Code  
32224

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.

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 Margaret Stoen / First Coast Association Management LLC Date 1/28/08  
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
VP	Jason Klein Smith	11585 Deep Springs Dr W	Jacksonville FL 32219
Treas	John Ford	6726 Rolling Stream Dr	Jacksonville FL 32219
Secr	Man Buckner	11790 Deep Springs Dr S	Jacksonville FL 32219
			200118742272 02/25/08--01034--016 **297.50

**REINSTATEMENT**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08

Date

907 9985365

Daytime Phone #