PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

APPROVED

00 JAN 13 PM 12: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	# N	45031
DUCUNEN 1	† !W	TUVU !

ST. AUGUSTINE VILLAGE PROPERTY OWNERS ASSOCIATI ON, INC.

Principal Place of Business 1495 LIVE OAK DRIVE

Mailing Address

TALLAHASSEE FL 32301

1495 LIVE OAK DRIVE TALLAHASSEE FL 32301

	ddresses are incorrect in any way, lin	ne through incorrect i	information ar	nd enter correction below.	4. Date Incorp	DO NOT WRITE IN THIS	11 45 U	
					To Do Business in Florida 09/06/1991			
Suite, Apt. #, etc. Suite, Apt. #,		, etc.	etc. 5. F		59-1561210	Applied For		
City & State City & State								
Zip	Country	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED		
7. Names a	and Street Addresses of Each Officer	and/or Director (Flo	orida nonprofi	t corporations must list at	least 3 directors)	,		
Title(s)	e(s) Name of Officers and/or Directors 3		3 (Do	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		4 City / State / Zip		
-D	MATHEWS, TROY		1472 LIVE OAK DR.			TALLAHASSEE FL		
-	PEAK,KIMBERLY A.		1495 LIVE OAK DRIVE			JALLAHA8SEE-FL		
-₽	-MATTHEWS, KIM-		1 472 U V	E OAK DRIVE	· <u>·</u> ·	TALLAHASSEE FL		
D	D LARRY CAMPBELL 1441		441 LIVE OAK DRIVE		TALLAHAPSEE.			
0				1463 LIVE OAK DRIVE		TALLAHASSEE		
0	11/10/20021 - 1 / 2001		TLIVE DAK	H DRIVE TALLAHASSEE 9. Name and Address of New Registered Agent				
8. Name and Address of Current Registered Agent Name							ed Agent	
1495	, KIMBERLY A. LIVE OAK DRIVE AHASSEE FL 32301			Street Address Suite, Apt. #, E	146/ <u>2</u>	BELL r is Not Acceptable) EEMEBY 1 -01/28/00- ****551.6	ライン -01005012 気 接続を振り1.25	
				TALL	4 HASSEE	F	L 3230/	
10. I, being Signature o Registered	appointed the registered agent of the Agent May Mila	e above named corp	I AE	QUIRED	-	Date		
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box								

13. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida State elease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all fees owed by the corporation have then paid. 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:

12. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

13-00

No X

Yes I

(See other side for information on intangible tax.)