

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N47387*

1. Corporation Name

Arbor Pointe Unit 2 Four Owners Association, Inc.

2. Principal Office Address

13170-58 Atlantic Blvd

Suite, Apt. #, etc.

PMB 242

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Office Address

13170-58 Atlantic Blvd

Suite, Apt. #, etc.

PMB 242

City & State

Jacksonville, FL

Zip

32225

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2-14-92

5. FEI Number

59-3125895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *96-201*

7. Name and Address of Current Registered Agent

Name

TERI M. ROOKSBERRY

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

421 ASHCROFT LANDING DRIVE

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

700004769777-9
-01/11/02--01059--01
*****612.50 ****612.50*

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

Teri M. Rooksberry

REGISTERED AGENT MUST SIGN

Date *12-26-01*

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
<i>P</i>	<i>GREGORY DiFRANZA</i>	<i>13411 ASHCROFT LANDING Ct</i>	<i>JACKSONVILLE, FL 32225</i>
<i>V</i>	<i>MONTY RATCLIFFE</i>	<i>461 SHANNA ISLE COURT</i>	<i>JACKSONVILLE, FL 32225</i>
<i>S/T</i>	<i>TERI ROOKSBERRY</i>	<i>421 ASHCROFT LANDING Dr</i>	<i>JACKSONVILLE, FL 32225</i>

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:

Teri M. Rooksberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-01

Date

(904) 221-7145

Daytime Phone #