PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # **N47877**

1. Corporation Name

EMERALD POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10370 SW 51ST TERR~~ P.O. Box 654 ~~OCALA FL 34476~~ Plymouth, FL 32768 ~~US~~	% FREDDIE T JONES, TRUSTEE 420 S.E. 8TH STREET OCALA FL 34471

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	P.O. Box 654
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Plymouth, FL
Zip / Country	Zip 32768 / Country Orange

4. Date Incorporated or Qualified To Do Business in Florida: 03/16/1992

5. FEI Number: 59-3108378 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	~~JONES, ERIC A~~ ERIC A Jones	~~10370 SW 51ST TERR~~ 10370 SW 51st Terr	~~OCALA FL~~ Ocala FL
D	JONES, FREDDIE T TRUSTEE	~~420 S.E. 8TH STREET~~ 3075 South fork Dr *	~~OCALA FL 34471~~ Plymouth, FL 32768
D	~~JONES, EULA B~~ Eula B Jones	~~420 S.E. 8TH STREET~~ 3075 Southfork Dr	~~OCALA FL 34471~~ Plymouth, FL 32768

REINSTATEMENT 1996
* mailing address
12-5-96

8. Name and Address of Current Registered Agent

JONES, FREDDIE T TRUSTEE
~~420 S.E. 8TH STREET~~ P.O. Box 654
~~OCALA FL 34478~~ Plymouth, FL 32768

9. Name and Address of New Registered Agent

Name: JONES, FREDDIE T TRUSTEE
Street Address (P.O. Box Number Is Not Acceptable): P.O. Box 654
Suite, Apt. #, Etc.:
City: Plymouth | State: FL | Zip Code: 32768

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Freddie T. Jones TRUSTEE — Date: 9-25-96
REGISTERED AGENT MUST SIGN Trustee

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Freddie T. Jones TRUSTEE — 9-25-96 — (407)889-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069308 AF