

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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04 FEB 25 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04

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02/25/04--01008--012 \*\*490.00

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT# <b>N50598</b>	
1. Corporation Name <b>NEW MILL COVE EAST OWNERS ASSOCIATION</b>	
2. Principal Office Address <b>P.O. Box 8469</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>P.O. Box 8469</b> Suite, Apt. #, etc.
City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>
Zip <b>32239-0469</b> Country <b>USA</b>	Zip <b>32239-0469</b> Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>AUG 27, 1992</b>
5. FEI Number _____ Applied For _____ <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <b>KELLY MARQUEZ</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9025 SAGO SHORES</b>	
Suite, Apt. #, Etc.	
City <b>JACKSONVILLE</b>	State <b>FL</b> Zip Code <b>32225</b>

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 **Kelly Marquez** Date **1-11-04**  
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
PRES	MICHAEL MCCOY	<del>3608 SHAWNEE SHORES DR JAX, FL 32225</del> <b>3608 SHAWNEE SHORES DR</b>	JACKSONVILLE, FL 32225
V. PRES	GLENN FOUCHT	<b>3680 SHAWNEE SHORES DR</b>	JACKSONVILLE, FL 32225
TREAS.	KELLY MARQUEZ	<b>9025 SAGO SHORES DR</b>	JACKSONVILLE, 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)(f), 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]** **MICHAEL MCCOY** Date **JAN. 9, 2004** Daytime Phone # **904 743-3825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)