, PLE SEP AD	ALI INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION APPLICATION	O IIDA DEPARTME Sandra B. Mo	NT OF STATE			(1
FCR REINSTATEMENT	ecretary of	State		epocks & f. Septem Strang.	
DIVISION OF CORECURATIONS				FILED	
DOCUMENT # N 9300000 2288 (9) 1. Corporation Name			99 JAN -7 AM 8: 20		
Southereck Homeowners Assoc. INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Address			TALLAHASSEE. FLORIDA		
· •	P.O. Box 6001	14			
JAX, Fl. 32259 FRuit Cove, Fl.			E	000002738286-	4
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			-01/12/9901069005 *****61.25 ******61.25		
2. New Principal Poffice Address, If Applicable	3. New Maiking Office Address, 1	- i 20 11 1	Date Incorp To Do Busin	orated or Qualified ness in Florida 5/19/03	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Numbe		i For
JAX, Fl. 33259	FRUIT COUNT	F7	6.	— S8.75 Additional Fee	plicable
	52259	<u> </u>		E OF STATUS DESIRED for a Certificate of	
7. Names and Street Addresses of Each Officer and Name of Officers Title(s) and/or Directors	S	reet Address of Each fficer and/or Director	st 3 directors)	City / State / Zip	
Chip RockER	44 6 6	SECCA Ct.	umbers)	4	
FRES.D.	FRuit Co	DE, Fl. 3a	259	Fruit Cove, Fl. 3225	9
U.P.D Bill Deulis 1607 Relo		DECCA Ct.	·	FRUIT CONE, FT 322	59_
Secal Shipley Kingsno	becea C	+	FRUIT COVE, Fl. 325	259	
10- V(0: 1) J	O4		FRUIT COVE, Fl. 322	<u>-a</u>	
ikehspunkis weoder	THE PROPERTY OF		I KUIT COVE, TO SAC	2/	
	_ 	<u> </u>			
		,			
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
FRED ELEJANT, PA Street Address (P			O. Box Number	is Non Acceptable	(1.4 CR2E040 (1.98)
1650 PRUDENTIAL DR #105 Suite, Apt. #, Etc.				· · · · · · · · · · · · · · · · · · ·	-
JACKSONUILE, FT. 32207 City				State Zip Code	
10. I, being appointed the registered agent of the abo	ove named corporation, am familiar w	ith and accept the obl	ligations of Section	on 607.0505, F.S.	
Registered Agent	EGISTERED AGENT MUST SIGN		<u> </u>	Date <u>3/1/48</u>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No No No No No No Intangible tax.)					
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for dissolved by the corporation have been paid and the non this application is true and accurate, and my significant	plution has been eliminated, the corp names of individuals listed on this for	orate name satisfies the m do not qualify for a	ne requirements n exemption und	of section 607.0401 or 617.0401, F.S., that all fe	ees
SIGNATURE: (Westing W					



12/4/98

Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: Southcreek Homeowners Assoc.

On November 26, 1998, I contacted your office to inquire about our check #258 in the amount of \$61.25 payable of the Florida Dept. of State, Div. of Corporations dated 3/9/98 as it had not cleared our account. I was informed at that time that the Southcreek Homeowners Assoc, had been dissolved and that a letter had been sent returning our check and looking for additional information in March, 1998. Please be advised, we never received any communication from this office nor have we the check back.

Enclosed is our reinstatement and also a copy of the annual report that we mailed on March 15, 1998, and request that late fees be waived and the homeowners association reinstated. Should you require any further information, please contact me at (904)287-6129. In addition, our mailing address is P.O. Box 600184, Fruit Cove, Fl. 32259.

Thank you for your attention in this matter.

Stuture Webber

Treasurer

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