

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
AND
FILED**

1997 SEP 17 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003015

1. Corporation Name

McCormick Woods Association, Inc.

W97-20561

Principal Place of Business

Mailing Address

**10036 Sawgrass Drive
Suite 3
Ponte Vedra Beach, FL 32082
US**

**P.O. Drawer 1159
Ponte Vedra Beach, FL
32004
US**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/28/93	
City & State		City & State		5. FEI Number	
Zip		Country		59-3254672	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Robert A. McNeal	2734 McCormick Woods Dr.	Jacksonville, FL 32225
D/V	Stephanie Menard	2702 McCormick Woods Dr.	Jacksonville, FL 32225
D/S	Allan Jacobs	2648 McCormick Woods Dr.	Jacksonville, FL 32225

REINSTATEMENT

W97-20561

700002298267-5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Munch, Donald
Four Seasons Management
10036 Sawgrass Drive, Suite 3
Ponte Vedra Beach, FL 32082**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	FL

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 **Donald Munch**

REGISTERED AGENT MUST SIGN

Date **August 29, 1997**

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: **Robert A. McNeal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/97
Date

904-221-8416
Daytime Phone #