

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 JUN 18 AM 11:32

DOCUMENT # N93000003499

1. Corporation Name

MARBON POINTE HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3071 MARBON ESTATES CT.

Suite, Apt. #, etc.

3. Mailing Office Address

3071 MARBON ESTATES CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

City & State

JACKSONVILLE, FL

Zip

32223

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/93

5. FEI Number

59-3191259

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CLEO DEBERRY

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

3050 MARBON ESTATES LANE S.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

700248992657
06/18/13--01002--011 **420.00

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

Cleopatra Deberry

REGISTERED AGENT MUST SIGN

Date 5-23-13

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
P/D	CLEO DEBERRY	3050 MARBON ESTATES LANE S.	JACKSONVILLE, FL 32223
T/D	DON JENKINS	3071 MARBON ESTATES CT.	JACKSONVILLE, FL 32223
D	Ken Ravenscroft	3062 Marbon Estates Lns.	Jacksonville, FL 32223

10. E-mail Address: dj69@comcast.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Don Jenkins

DON JENKINS

5-23-13

904-880-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

cc
6/19