

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 24 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000000670

1. Corporation Name
Sutton Grove Homeowners Association, Inc.

2. Principal Office Address
11362 San Jose Blvd
Suite, Apt. #, etc.

Suite 13 # 115
City & State
Jacksonville, FL
Zip Country
32223 USA

3. Mailing Office Address
11362 San Jose Blvd
Suite, Apt. #, etc.

Suite 13 # 115
City & State
Jacksonville, FL
Zip Country
32223 USA

REINSTATEMENT 02-07
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 593190571 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
MICHAEL D. EVANS
Street Address (P.O. Box Number is Not Acceptable)
12255 Sutton Estates Dr.
Suite, Apt. #, Etc.
City
Jacksonville
State FL Zip Code 32223

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 Michael D. Evans Date 10/23/06
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. P	MICHAEL EVANS	12255 Sutton Estates Dr.	Jacksonville, FL 32223
Treas. T	SARAH WILLIAMSON	2874 Sutton Estates Cr. S.	Jacksonville, FL 32223
Sec. S	PEGGY WILLIS	12622 Sutton Estates Dr.	Jacksonville, FL 32223

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 contained in Chapter 119, 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: Michael D. Evans Date 10/23/06 Daytime Phone # (904) 349-8860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR