

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -9 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N94000000670*

1. Corporation Name

SUTTON GROVE HOA, INC

W09-48362

000162256170
10/28/09--01023--008 **306.25

CR2E081 (12/08)

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

6640 103rd ST

3. Mailing Office Address

6640 103rd ST

Suite/Apt. #, etc.

90 Forehand Realty Co

Suite/Apt. #, etc.

90 Forehand Realty Co

City & State

JAX, FL

City & State

JAX, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3190571

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

Forehand Realty Co

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

6640 103rd ST

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32210

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Shirley Holland, Agent
REGISTERED AGENT MUST SIGN

Date *10-26-2009*

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
<i>P</i>	<i>SUSAN FIEST</i>	<i>2869 Sutton Est Cir S</i>	<i>JAX, FL 32223</i>
<i>S</i>	<i>JANIS Breslin</i>	<i>12261 Sutton Est Dr</i>	<i>JAX, FL 32223</i>
<i>T</i>	<i>Tabatha Wooten</i>	<i>2865 Sutton Est Cir N</i>	<i>JAX, FL 32223</i>

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:

X Susan Fiest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN FIEST 23 OCT 09 (904) 292-9846
Date Daytime Phone #

RH