

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

OCT 17 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001488

**1. Corporation Name**

CHRONICLE COURT OWNERS ASSOCIATION, INC..

**2. Principal Office Address**

8440 Phillips Highway

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

USA

**3. Mailing Office Address**

8440 Phillips Highway

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32256

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/25/94

**5. FEI Number**

59-3236736

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

Victor Soud, Jr.

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

8440 Phillips Highway

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

**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

*Victor Soud, Jr.*

REGISTERED AGENT MUST SIGN

Date

10-5-01

**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	Victor Soud, Jr.	8440 Phillips Highway	Jacksonville, FL 32256
V/D	Jeffrey A. Briar	5521 Chronicle Court	Jacksonville, FL 32256
S/D	Robert D. Supina	5500 Chronicle Court	Jacksonville, FL 32256

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\*\*\*\*420.00 \*\*\*\*420.00

**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 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:

*Victor Soud, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-5-01

Daytime Phone #

904-730-4152

CR2E081 (9/00)