

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002149

1. Corporation Name

THE WOODS OF JESSAMINE HOMEOWNER'S ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
1501 W. COLONIAL DR.

3. Mailing Office Address
1501 W. COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

REINSTATEMENT 01-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1994

5. FEI Number

59-3265710

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

REX, CHARLES W., JR.

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

1501 W. COLONIAL DR.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32804

☐ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

Sept 14 2007

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
PD	REX, CHARLES W., JR.	1501 W. COLONIAL DR.	ORLANDO, FL 32804
D	REX, RANDALL	1501 W. COLONIAL DR.	ORLANDO, FL 32804
SD	REX, SAMULINE S.	1501 W. COLONIAL DR.	ORLANDO, FL 32804
	<i>09/14/21</i>		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Sept 14 2007

Daytime Phone #