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## APPLICATION I FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

Rolling Hills Master Homeowners

Land of the fill

Association, Inc.										
Principal F	Place of Business	Mailing Add	dress		1					
0117	Bahia Blanca St.									
-	sonville, FL 32256	, <b>r</b>			D 67.5	MOTATCHAL	ALT MA MA			
ouon	50	•			ne	INSTATEME				
							Palestalis Christy Springer and Asses			
	ddresses are incorrect in any way, line thr		nformation and enter c iling Office Address, I		4 Date Incorpo	orated or Qualified				
			B St. Joh		To Do Business in Florida 6/30/94					
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc. Suite 24			5. FEI Number Applied For				
City & Sta		City & State Jacksonville, FL			59-3263994 Not Applicat					
	sonville;FL				6. \$8.75 Additional Fee require					
Zip 3220	5 USA	Zip Country 32205 USA		′	CERTIFICATE OF STATUS DESIRED for a Certificate of Statu					
	nd Street Addresses of Each Officer and/or			must list at least 5	I directors)					
	Name of Officers	Director (Florida	Stree	et Address of Eacl	 h	I	·			
Title(s)	and/or Directors			cer and/or Directo Post Office Box		City / Stat	e / Zip			
			4000-B S				• ;			
D/VP	William H. Walton	Jr.	Suite 24			Jacksonville,	FL 32205			
			4000-B S	t Johne	λυορμο					
D	Alonzo Walton		Suite 24		Avenue	Jacksonville,	FI. 32205			
			00200 21			OGCKOONVIIIC)	111 72203			
D/P/ SEC	Vernon Cribbs	·	6410 HG #1 Novel			Ct Businetine	Dr. 33005			
DEC.	Vernon Cribbs		0410 05	#T NOLEU		St. Augustine, FL 32095				
			1							
							;			
			ţ			400002801	1548			
			•		-	4 [_](_)(_)(_)(_)(_)(_)(_)(_)				
<del></del>	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered Age	ent			
Panda	11 C. Dix, Sr.			Name Dox + C						
	Bahia Blanca Stree	·+			-	Esquire	NO AME			
	onville, FL 32256			1	(P.O. Box Number is Not Acceptable)					
				Suite, Apt. #, Etc.						
				Suite 2	03	State   Zip Code				
1		17		Jäckson	ville	FL"	32207			
10. I, bein	g appointed the registered apent of the abo	ve named corpo	ration, am familiar with	and accept the ob	ligations of Section	n 607.0505, F.S.				
Signature	of Agent By:	Li				Date 126 25, /	200			
negistated		EGISTERED AG	ENT MUST SIGN			Date (20 75, 77				
11 T	his corporation owes or h	on poid th	0 0UFF001 1100F	··		ISea other side	e for information			
	itangible Personal Propert			Yes	No I		gible tax.)			
	tanglolo i discritar i repert	y tux duc			/ <del>*</del> \'	<del></del>				
12. I certi	fy that I am an officer or director or the rec	eiver or trustee e	empowered to execute	this application as j	provided for in cha	apter 607 or 617, F.S. I further ce	ertify that when filing			
	instatement application, the reason for diss by the corporation have been paid and the									
	s application is true and accurate, and my s									
010	TURE. W. H. Walton,	Jr., Vice	President		ral.	25/960 al x	ab-112			
SIGNA	SIGNATURE AND TYPED OR PR			RECTOR	. rep.	25,1999 N 16	Phone #			
						(904) 381-4312	1			



ACCOUNT NO. : 072100000032

REFERENCE : 163116

AUTHORIZATION

COST LIMIT : \$ 306.25

ORDER DATE: March 10, 1999

ORDER TIME: 10:54 AM

ORDER NO. : 163116-005

CUSTOMER NO:

4732152

CUSTOMER: Bert C. Simon, Esq.

Gartner Brock & Simon

Suite 203

1660 Prudential Drive Jacksonville, FL 32207

## DOMESTIC FILINGS

NAME:

ROLLING HILLS MASTER

HOMEOWNERS ASSOCIATION, INC.

XX\_\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS