PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 11 AM 9:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000004112

1. Corporation Name

The Sanctuary Unit Two-A, Community Association, Inc.

Principal Place of Business / Mailing Address

3626 Richmond St.
Jakcksonville, Fl 32205

REINSTATEMENT 96-97AR

DO NOT WRITE IN THIS SPACE

(If above addresses are incorrect in any way, line through incorrect information and enter correction below.)

2. New Principal Office Address, if Applicable
2955 Hartley Rd.
Suite, Apt. #, etc.
Suite 106A
City & State
Jacksonville, FL 32257
Zip / Country

3. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
08/22/94

5. FEI Number
☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($8.75 additional fee is optional for a Certified Copy)

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	William R. Howell, II	2955 Hartley Rd., #106A	Jacksonville, Fl 32257
D	Greg Matovina	2955 Hartley Rd., #106A	Jacksonville, Fl 32257
D	Laura Howell	2955 Hartley Rd., #106A	JAcksonville, Fl 32257

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8. Name and Address of Current Registered Agent

C. Guy Bond
Fallgatter & Bond, P.A.
121 W. Forsyth St. Suite 900
Jacksonville, Fl. 32202

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptible)
Suite, Apt. #, Etc.
City / State FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent C. Guy Bond Date 6/30/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: William R Howell II July 9, 1997 904 388-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #