

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 PM 4:49

DOCUMENT # **N95000002469**

1. Corporation Name

COURTYARDS AT MAYPORT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8177 OLD KINGS ROAD
SUITE NO. 4
JACKSONVILLE FL 32217

8177 OLD KINGS ROAD
SUITE NO. 4
JACKSONVILLE FL 32217

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

2. New Principal Office Address, If Applicable

4215 Southpoint Blvd.
#100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

Country

32216

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1995

5. FEI Number

59-3382009

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
PVST	SHEFFIELD, THOMAS D	8177 OLD KINGS ROAD, SUITE 4	JACKSONVILLE FL 32217
D	SHEFFIELD, THOMAS D	8177 OLD KINGS ROAD, SUITE 4	JACKSONVILLE FL 32217
D	SOFORENKO, PHYLLIS R	8177 OLD KINGS ROAD, SUITE 4	JACKSONVILLE FL 32217
D	SOFORENKO, M. O	8177 OLD KINGS ROAD, SUITE 4	JACKSONVILLE FL 32217
			700002002117--9 -11/13/96-01020-024 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

ANSBACHER, BARRY B
ANSBACHER & SCHNEIDER, P.A.
4215 SOUTHPONT BLVD, SUITE 100
JACKSONVILLE FL

9. Name and Address of New Registered Agent

Name

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

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

[Signature] REGISTERED AGENT MUST SIGN

Date 11/4/96

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 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:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2396

Date

Daytime Phone #