

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 27 PM 3:15

DOCUMENT # N96000004026

1. Corporation Name

Whitehouse Manor Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #

257 Jones Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32220

Country

USA

3. Mailing Office Address

257 Jones Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32220

Country

USA

000184290680
08/12/10--01037--009 ***358.75

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/1996

5. FEI Number

59-3377524

☐ 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

J. B. Kittrell

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

257 Jones Rd

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32220

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

J. B. Kittrell

REGISTERED AGENT MUST SIGN

Date

8/23/10

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
STD	Jim Kittrell	257 Jones Road	Jax, FL 32220
D	Alice Kirkland	257 Jones Road	Jax, FL 32220
VD	Tommy Kittrell	257 Jones Road	Jax, FL 32220

REINSTATEMENT 08-10

B. 8/27/10

10. E-mail Address: reining@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify 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:

Jim Kittrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/2010

Date

904 545 5076

Daytime Phone #