

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 12 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004168

1. Corporation Name

Jessamine Lane Homeowners' Association

2. Principal Office Address

5158 Crane's Point Court

Suite, Apt. #, etc.

City & State

Edgewood, Florida

Zip

32839

Country

USA

3. Mailing Office Address

5158 Crane's Point Court

Suite, Apt. #, etc.

City & State

Edgewood, Florida

Zip

32839

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/1996

5. FEI Number

59-3400267

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

James B. Nicoloff

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

5158 Crane's Point Court

Suite, Apt. #, Etc.

City

Edgewood

State

FL

Zip Code

32839

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

James B. Nicoloff

Date 8/8/2003

REGISTERED AGENT MUST SIGN

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
DP	James B. Nicoloff	5158 Crane's Point Court	Edgewood, FL 32839
DVP	Mike Teague	5553 Jessamine Lane	Edgewood, FL 32839
DT	Roderic Grey	5553 Jessamine Lane	Edgewood, FL 32839

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 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:

James B. Nicoloff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Nicoloff

8/8/2003

Date

(407) 855-1520

Daytime Phone #

CR2E081 (10/02)