

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State,
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 10:18

DOCUMENT # N97000006426

1. Corporation Name

Grand Haven Neighborhoods
Association Inc.

2. Principal Office Address

1 Old Kings Road S.

Suite, Apt. #, etc.

City & State

Palm Coast FL. 32137

Zip

32137

Country

USA

3. Mailing Office Address

1 Old Kings Road S.

Suite, Apt. #, etc.

City & State

Palm Coast FL. 32137

Zip

32137

Country

USA

REINSTATEMENT 98-00
W 7575

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/97

5. FEI Number

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

Centex Real Estate Corp.

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

1 Old Kings Roads South

Suite, Apt. #, Etc.

City

Palm Coast FL. 32137

State

FL

Zip Code

32137

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

REGISTERED AGENT MUST SIGN

Date

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	Lenihan, John	1 Old Kings Road S.	Palm Coast
DVP	Gannon, Roger	1 Old Kings Road S.	Palm Coast FL. 32137
DST	Smith, Clinton	1 Old Kings Road S.	Palm Coast FL. 32137
		3/15	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Lenihan

3/13/00

904 445-4515