

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* APPLICATION
REINSTATEMENT

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

DOCUMENT # N98000001365

1. Corporation Name

SOUTHERN GROVE ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

RT 1, BOX 31-A
LAMONT FL 32336

Mailing Address

RT 1, BOX 31-A
LAMONT FL 32336

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1998

5. FEI Number

59-3603102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4. City / State / Zip
PD	PAUL, BARBARA B	RT.1, BOX 31-A	LAMONT FL 32336
VD	PAUL, KEITH C	RT.1, BOX 31-A	LAMONT FL 32336
D	Bridges, Robin	1191 North Clark St	Milledgeville, Ga 31061

8. Name and Address of Current Registered Agent

PAUL, BARBARA B
RT 1, BOX 31-A
LAMONT FL 32336

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

Barbara B. Paul
REGISTERED AGENT MUST SIGN

Date 10/20/99

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 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:

Barbara B. Paul - Barbara B. Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/20/99

850-997-8679
Daytime Phone #

October 18, 1999

To Whom It May Concern;

I am requesting that Southern Grove Estates Property Owners Association, Inc. be reinstated. I was informed by telephone that after I sent my annual report fee of \$61.25 in, in August 99 you sent a rejection letter to me. The letter stated that I needed another director on the board; so I have included one. I never received a rejection letter, but again I am requesting to be reinstated.

Thank You,

Barbara B. Paul
Southern Grove Estates
Property Owners Association, Inc.