

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # NA8 000001365

1. Corporation Name SOUTHERN GROVE ESTATES PROPERTY OWNERS
ASSOCIATION, INC.

REINSTATEMENT

01-03

2. Principal Office Address

10871 Waukeenah Highway

Suite, Apt. #, etc.

3. Mailing Office Address

10871 Waukeenah Highway

Suite, Apt. #, etc.

City & State

Monticello, FL 32344

City & State

Monticello, FL 32344

Zip

32344

Country

Jefferson

Zip

32344

Country

Jefferson

4. Date Incorporated or Qualified
To Do Business in Florida

March 3, 1998

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

Lyman Walker, IV

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

10871 Waukeenah Highway

Suite, Apt. #, Etc.

City

Monticello

State
FL

Zip Code

32344

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
Pres.	Lyman Walker, IV	10871 Waukeenah Highway	Monticello, FL 32344
Sec/ Tres.	Sherri Lynn Walker.	10871 Waukeenah Highway	Monticello, FL 32344

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:

Lyman Walker, IV

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lyman Walker, IV, President

10-28-03 850-997-2975

Date

Daytime Phone #

CR2E081 (10/02)