

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # N98000002696

1. Corporation Name

STEVENS PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

233 HARTS ROAD EAST
YULEE FL 32097

730 HARTS ROAD EAST
YULEE FL 32097

P.O. BOX 87, CRESCENT CITY, FL 32112

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 87

P.O. BOX 87

City & State

City & State

CRESCENT CITY, FLA

CRESCENT CITY, FL

Zip

Country

Zip

Country

32112

USA

32112

USA

4. Date incorporated or Qualified To Do Business In Florida

05/08/1988

5. FEI Number

59 3593850

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
PTD	STEVENS, JAMES S JR.	733 HARTS ROAD EAST	YULEE FL 32097
VD	GOODWIN, JANA E	216A ST. JOHNS AVENUE	PALATKA FL 32178
SD	STEVENS, ROBERT C	729 PARISH STREET	UNRICHVILLE OH 44883

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, MARSHALL E ESQ.
303 CENTRE STREET
SUITE 100
FERNANDINA BEACH FL 32034

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

Date 11-2-99

REGISTERED AGENT MUST SIGN

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: James S. Stevens Jr. JAMES S. STEVENS JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-2-99 904-225-5515
Daytime Phone #

STEVENS LAND TRUST

**JAMES S. STEVENS, JR., TRUSTEE
ROBERT C. STEVENS, TRUSTEE
JANA E. GOODWIN, TRUSTEE
ELDA STEVENS LOVETT**

October 19, 1999

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Department of Revocation

Re: Stevens Place Owners Association, Inc.

Dear Ms. Harris:


Our owners association sent in the corporation fee of \$61.25 dated April 4, 1999 along with the Annual Report. We didn't realize that the EIN number was needed. We received a letter dated April 13, 1999 from the Department of State that stated that the Annual Report form required this number.

This was not done until August 24, 1999 because of my inability to get the information necessary to apply for the Employer Identification Number. On the above date I did complete the SS-4 form and received our number. That day I mailed a completed Annual Report for 1999 in the envelope provided me.

In my phone conversation today I learned that this report was never received. I am mailing the Application for Reinstatement of our corporation with all information provided that is needed.

Thank you for your attention to this matter

Sincerely,



Jana E. Goodwin, Trustee

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

8-24-99
EIN **59-3593850**
OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) STEVENS PLACE OWNERS ASSOCIATION, INC																
	2 Trade name of business (if different from name on line 1) JAMES S. STEVENS, JR		3 Executor, trustee, "care of" name JAMES S. STEVENS, JR														
	4a Mailing address (street address) (room, apt., or suite no.) 733 HARTS ROAD EAST		4b Business address (if different from address on lines 4a and 4b)														
	4b City, state, and ZIP code YULEE, FL 32097		5b City, state, and ZIP code														
	6 County and state where principal business is located NASSAU																
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► JAMES S. STEVENS, JR.																
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.																
<table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input checked="" type="checkbox"/> Other corporation (specify) ► PROP. OWN. ASSO.</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td></td></tr></table>				<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► PROP. OWN. ASSO.	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)	<input type="checkbox"/> Other (specify) ►	
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<input type="checkbox"/> Other (specify) ►																	
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		State FLORIDA															
9 Reason for applying (Check only one box.) (see instructions) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input checked="" type="checkbox"/> Other (specify) ► PROP. OWN. ASSO.																	
10 Date business started or acquired (month, day, year) (see instructions) 5/08/98		11 Closing month of accounting year (see instructions)															
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) NA																	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) <table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>				Nonagricultural	Agricultural	Household	0	0	0								
Nonagricultural	Agricultural	Household															
0	0	0															
14 Principal activity (see instructions) ► PROPERTY OWNERS ASSOCIATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ► <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> T/A																	
16 To whom are most of the products or services sold? Please check one box: <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																	
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN																	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																	
Name and title (Please type or print clearly.) ► JANA E. GOODWIN, VICE-PRES. Signature ► Jana E. Goodwin Date ► 8-24-99 Note: Do not write below this line. For official use only.																	
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