

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 SEP 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002696

1. Corporation Name

Stevens Place Owners Association, Inc.

~~W06000038416~~

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address
14627 Hadley Court

3. Mailing Office Address
14627 Hadley Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32218

Country
USA

Zip
32218

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/08/98

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. Name and Address of Current Registered Agent

Name
Marshall E. Wood, Esquire

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

Suite, Apt. #, Etc.
Suite 100

City
Fernandina Beach

State
FL

Zip Code
32034

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

Marshall E. Wood

Date 08/29/06

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
PSD	Patel, Ramanbhai	14627 Hadley Court	Jacksonville, FL 32218
VD	Patel, Kanchanben	14627 Hadley Court	Jacksonville, FL 32218
SD	Patel, Chirayu	14627 Hadley Court	Jacksonville, FL 32218

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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 contained in Chapter 119, 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:

Ramanbhai Patel

Ramanbhai Patel

08/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/06