

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 JUL -6 AM 11:39

DOCUMENT # N9800005047

1. Corporation Name

Chandler Oaks Home Owners Association, Inc.

2. Principal Office Address
1 Independent Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.
2301

Suite, Apt. #, etc.

City & State

City & State

Jacksonville

Zip Country
32202 USA

Zip Country
32202 USA

REINSTATEMENT 99-00

02-24-00 90192 001 \$61.25

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/98

5. FEI Number
59-3329059

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

Daniel D. Akel

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

1 Independent Drive, # 2301

Suite, Apt. #, Etc.

City Jacksonville

State
FL

Zip Code 32202

~~688883329096~~ - 0
-07/20/00--01005--013
****245.00 ****245.00

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

[Handwritten Signature]

Date

5-26-00

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
D	John D. Coxwell	6741 Lloyd Road W.	Jacksonville, FL 32254
D	Wayne Williford	6741 Lloyd Road W.	Jacksonville, FL 32254
D	Ronnie Williams	5215 Highway Avenue	Jacksonville, FL 32254
			<i>[Handwritten Signature]</i>

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00
Date

781-0104
Daytime Phone #

CR2E081 (9/99)