

05/19/04 WED 14:09 FAX 904 394 5396
05/03/04 MON 12:02 FAX 904 394 5396

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PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

04 MAY 18 AM 6:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003503

1. Corporation Name

SANDY'S BLUFF HOMEOWNERS' ASSOCIATION, INC.

REINSTATEMENT 0104

2. Principal Office Address

11478 PINE STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32258

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/99

5. FEI Number

59-3662774

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

08.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C. Guy Bond, Esq.

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

3000 South Third Street

Suite, Apt. #, Etc.

City

Jacksonville Beach

State
FL

Zip Code

32250

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

[Signature]

Date

May 19, 2004

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
PTD	Johnny L. Dudley	11478 Pine Street	Jacksonville, FL 32258
VSD	Kimber L. Andrews	11478 Pine Street	Jacksonville, FL 32258
D	Daniel P. Dudley	11476 Pine Street	Jacksonville, FL 32258

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)(f), 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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-2-04

Daytime Phone #

H04000108267 3

PATTERSON, BOND & LATSHAW, P.A.

ATTORNEYS AT LAW

3010 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250
TEL. 904-247-1770 * FAX. 904-249-0954

FAX TRANSMISSION

TO: FL Dept of State

FAX #: 1-850-205-0384

DATE: 5-19-04

PAGES: 3 (including this cover sheet)

FROM: Adam K Feldman

RE: Sandy's Bluff Homeowners Assoc

Please see attached

**IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 247-1770**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 19, 2004

SANDY'S BLUFF HOMEOWNERS' ASSOCIATION, INC.
6273 RIVULET ROAD
JACKSONVILLE, FL 32258

SUBJECT: SANDY'S BLUFF HOMEOWNERS' ASSOCIATION, INC.
REF: N99000003503

We have received your document for SANDY'S BLUFF HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$420.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

FAX Aud. #: H04000108267
Letter Number: 204A00035001