

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 26 PM 3:37

DOCUMENT # N99000004616

1. Corporation Name
JULINGTON LANDING HOMEOWNERS ASSOC., INC.

Principal Place of Business Mailing Address

4046 SHADY CREEK LANE 4046 SHADY CREEK LANE
 JACKSONVILLE FL 32223-2081 JACKSONVILLE FL 32223-2081

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



07-17-00 90010 008 #6225

2. New Principal Office Address, If Applicable
 12543 Shady Creek Dr
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.

City & State
 Jacksonville Fl 32223

City & State

Zip Country Zip Country

32223 USA

4. Date Incorporated or Qualified To Do Business in Florida
 07/29/1999

5. FEI Number Applied For
 59-3621507 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
R T	WELSCH, MARIA	4046 SHADY CREEK LANE	JACKSONVILLE FL 32223
P	John Shindler	12543 Shady Creek Dr	Jacksonville, Fl 32223
T	Eden Reynolds	4049 Shady Creek Lane	Jacksonville, Fl 32223
T	Ken Passmore	4063 Waterway Ct	Jacksonville, Fl 32223

8. Name and Address of Current Registered Agent

WELSCH, MARIA
 4046 SHADY CREEK LANE
 JACKSONVILLE FL 32223-2081

9. Name and Address of New Registered Agent

Name
 John Shindler

Street Address (P.O. Box Number is Not Acceptable)
 12543 Shady Creek Dr (SHADY)

Suite, Apt. #, Etc.

City State Zip Code
 Jacksonville FL 32223

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: *John Shindler* Date: 10-23-00

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: *John Shindler* Date: 10-23-00 Daytime Phone #: 260-2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JOHN SHINDLER

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Julington Landing Homeowners Assoc.
44046 Shady Creek Lane
Jacksonville, FL 32223

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Julington Creek HOA

October 23, 2000

Department of State
Department of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear:

Upon receiving paperwork on dissolution, I immediately called your offices to see what was amiss. One of your specialists informed me that additional paperwork had gone out for a correction back in July. Although our check was received by you in July you needed additional information. This paperwork was never received. At this time your specialist advised me that you need three names of directors and or trustees. Enclosed please find form filled out as requested.

Sincerely,



Maria L. Welsch
Treasurer

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