


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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N99000004616

1. Corporation Name

JULINGTON LANDING HOMEOWNERS ASSOC., INC.

Principal Place of Business

Mailing Address

4046 SHADY CREEK LANE
JACKSONVILLE FL 32223-2081

4046 SHADY CREEK LANE
JACKSONVILLE FL 32223-2081



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

2. New Principal Office Address, If Applicable

12543 Shady Creek Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

59-3621507

Applied For

Not Applicable

City & State

Jacksonville Fl 32223

City & State

Zip

32223

Country

USA

Zip

Country

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
1	2	3	4
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

9. Name and Address of New Registered Agent

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

Name

John Shindler

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

12543 Shady Creek Dr (SHADY)

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

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


REGISTERED AGENT MUST SIGN

Date 10-23-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SHINDLER

10-23-00

Date

Daytime Phone #

260-2398

2
Julington Landing Homeowners Assoc.
44046 Shady Creek Lane
Jacksonville, FL 32223

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

