

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV -7 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N99000006541**

**1. Corporation Name**

The Overlook IV Office Condominium Association

200061221452  
11/07/05--01066--017 \*\*245.00

**2. Principal Office Address**

3103 Sawgrass Village Circle

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL 32082

Zip  
32082

Country  
USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1999

**5. FEI Number**

59-3659475

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

C. P. Connolly

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

3103 Sawgrass Village Circle

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State  
FL

Zip Code  
32082

**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

*C.P. Connolly*

REGISTERED AGENT MUST SIGN

Date

11.4.05

**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
PD	John Della Porta	135 Professional Dr. Suite 107	Ponte Vedra Beach, FL 32082
VPD	Monique Davis	P. O. Box 368	Brooks, GA 30205
STD	Kelly Huber	135 Professional Dr. Suite 105	Ponte Vedra Beach, FL 32082
		<i>[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:**

*John Della Porta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

804-285-9894

Date

Daytime Phone #

***THE OVERLOOK IV OFFICE CONDOMINIUM ASSOCIATION***

***3103 Sawgrass Village Circle  
Ponte Vedra Beach, FL 32082  
(904) 285-9894***

November 4, 2005

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

Dear Sir/Madam:

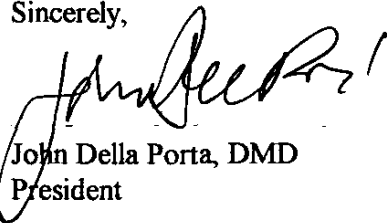
Please find a completed Corporation Reinstatement form and a check for \$245 which covers arrears from 2002.

Prior to 2002, I requested that all correspondence be sent to the address above, yet I did not receive the 1<sup>st</sup> or 2<sup>nd</sup> notice for 2002, therefore, am requesting the reinstatement fee be waived.

Please note the correct address on future mailings.

Thanking you in advance for your consideration.

Sincerely,



John Della Porta, DMD  
President