

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 14 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P00000032174

**1. Corporation Name**

Ocean Homes of Ponte Vedra, Inc.

3000008994993  
11/14/02--01026--007 \*\*758.75

**2. Principal Office Address**

7020 San Fernando Pl

Suite, Apt. #, etc.

City & State

Jacksonville, FLL

Zip

32217

Country

USA

**3. Mailing Office Address**

1526 University Blvd W

Suite, Apt. #, etc.

PMB 181

City & State

Jacksonville

Zip

32217

Country

USA

**REINSTATEMENT 02**

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

3-30-2000

**5. FEI Number**

59-3635548

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

Mrs. Martha Cesery Taylor

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

7020 San Fernando Place

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

**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

*Martha Cesery Taylor*

REGISTERED AGENT MUST SIGN

Date 11-08-02

**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
P	Martha Cesery Taylor	7020 San Fernando Place	Jacksonville, FL 32217

**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:**

*Martha Cesery Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-02

(904) 730-5001

CR2E081 (9/01)