

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 OCT 11 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

80000054464

SOUTHERN WATERVIEW DEVELOPMENT,  
INC.

700008404327  
10/16/02--01070--025 \*\*750.00

**2. Principal Office Address**

1506 UNIVERSITY BLVD

Suite, Apt. #, etc.

181

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

JACKSONVILLE FLORIDA

**City & State**

**Zip**

32217

**Country**

USA

**Zip**

**Country**

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

5/26/2000

**5. FEI Number**

59-3709200

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**

MARATHA CEGEDY 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**

*[Signature]*  
REGISTERED AGENT MUST SIGN

**Date** 10.09.02

**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
DP	MARATHA CEGEDY TAYLOR	7020 SAN FERNANDO PLACE	JACKSONVILLE, FL 32217
S/ VP	WALTER Q. TAYLOR	6740 N. EPPING FOREST WAY	JAX, 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

10.09.02

**Daytime Phone #**

904  
730.5008

CR2E081 (9/01)

7/10/11/02