

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

P94000036026

Mason Phillips Properties of Florida III, INC.

2. Principal Office Address

90 Tifton Way N.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2108

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

Zip

Country

32082

City & State

Ponte Vedra Beach, FL

Zip

Country

32004

St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3244171

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

Charles E. Hartman

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

90 Tifton Way N.

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

Charles E. Hartman

REGISTERED AGENT MUST SIGN

Date 1-4-02

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
Pres.	Charles E. Hartman	90 Tifton Way N.	Ponte Vedra Beach, FL 32082

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:

Charles E. Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02

Date

904.285.4994

Daytime Phone #