

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044444

1. Corporation Name

**Southern Approaches Property Owners
Association II, Inc**

2. Principal Office Address

2409 SW Sister's Welcome Road

3. Mailing Office Address

2409 SW Sisters Welsome Road

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

Lake City

City & State

Lake City

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

REINSTATEMENT

99-06

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

06-08-1994

5. FEI Number

20-5068136

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

Raymond R. Sessions

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

2409 SW Sister's Welcome Road

Suite, Apt. #, Etc.

Suite 101

City

Lake City

State
FL

Zip Code

32025

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

Raymond R. Sessions

REGISTERED AGENT MUST SIGN

Date

6-21-06

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
Dir., Pres.	Stephen A. Sessions	2409 SW Sister's Welcome Road	Lake City, FL 32025
D. VP, S. T	Robert Allen Walker	9263 SW Terrace	Miami, FL 33176

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07/08/06--01061--015 **1800.00

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 contained in Chapter 119, 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

Stephen A. Sessions

Date

6/21/06

Daytime Phone #

386-752-1957