

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 20 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009884

1. Corporation Name

Ponte Vedra Valley, Inc.

2. Principal Office Address

4750 Palm Valley Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

4750 Palm Valley Rd.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

St. Johns

Zip

32082

Country

St. Johns

**REINSTATEMENT 97-05**

4. Date Incorporated or Qualified To Do Business in Florida

January 31, 1996

5. FEI Number

20-3568476

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

Baron L. Bartlett

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

135 Professional Drive

Suite, Apt. #, etc.

Suite 101

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

REGISTERED AGENT MUST SIGN

Date

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.	Patricia A. West	4750 Palm Valley Rd.	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:

*Patricia A. West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. WEST

Date

10/12/05

Daytime Phone #

904

2851130