

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 28 AM 11:05

DOCUMENT # 97000017569
1. Corporation Name
Mason-Phillips Properties of Florida II, Inc.

2. Principal Office Address <u>90 Tifton Way N.</u> Suits, Apt. #, etc.		3. Mailing Office Address <u>PO Box 2108</u> Suits, Apt. #, etc.	
City & State <u>Ponte Vedra Beach, FL</u>		City & State <u>Ponte Vedra Beach, FL</u>	
Zip <u>32082</u>	Country <u>St. Johns</u>	Zip <u>32004</u>	Country <u>St. Johns</u>

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 59.3587893 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED SR 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.
Suits, Apt. #, Etc.
City Ponte Vedra Beach State FL Zip Code 32082

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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 Date 1-27-03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director: (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Pres.	<u>Vanessa L. Hartman</u>	<u>90 Tifton Way N.</u>	<u>Ponte Vedra Beach FL. 32082</u>

REINSTATEMENT 01-03

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)(f), 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: Vanessa L. Hartman Pres. Vanessa L. Hartman Date 1-27-03 Daytime Phone # 904 285 4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION