

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 30 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97 000097324*

1. Corporation Name

Dixie Partners of Ponte Vedra, Inc.

2. Principal Office Address

220 So. 32nd Avenue

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

3. Mailing Office Address

220 So. 32nd Avenue

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

Duval

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1997

5. FEI Number

59-3519327

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

Paul Scull

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

220 So. 32nd Avenue

Suite, Apt. #, Etc.

City

Jacksonville Beach

State

FL

Zip Code

32250

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

Paul H. Scull

REGISTERED AGENT MUST SIGN

Date

6-27-06

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
PD	Pat McCray	124 Stadium Court	Ponte Vedra Bch., FL 32082
VD	Paul Scull	220 So. 32nd Avenue	Jacksonville Bch., FL 32250
STD	Raymond Bivins	329 North Roscoe	Ponte Vedra Bch., FL 32082

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07/12/06 01012-006 **1050.00

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:

Paul H. Scull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL SCULL, Vice President

Date

6-27-06 904-3581206

Daytime Phone #