

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # P99000095970	

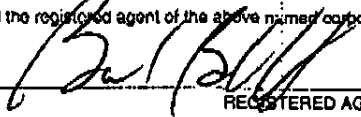
1. Corporation Name MARSH HARBOR AT PALM VALLEY COMMERCIAL INVESTMENTS, INC.	
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2. Principal Office Address 1135 Ponte Vedra Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 1135 Ponte Vedra Blvd. Suite, Apt. #, etc.	
City & State Ponte Vedra Beach, Florida Zip 32082 Country US		City & State Ponte Vedra Beach, Florida Zip 32082 Country US	

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida 11/01/1999	
5. FEI Number 59-3606434	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 Bartlett, Baron L.		
Street Address (P.O. Box Number is Not Acceptable) 50 A1A North		
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 	Date 10/11/00
REGISTERED AGENT MUST SIGN	

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
DPT	Wayne O. Manning	1135 Ponte Vedra Blvd.	Ponte Vedra Bch, FL 32082
DS	Gary A. Carter	1135 Ponte Vedra Blvd.	Ponte Vedra Bch, 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:  Wayne O. Manning, President	Date 10/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	

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CR2001 (9/99)

Division of Corporations

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Florida Department of State**Division of Corporations
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To:**Division of Corporations
Fax Number : (850) 922-4004****From:****Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE
Account Number : 105543000740
Phone : (904) 798-3700
Fax Number : (904) 798-3730**

CORPORATION REINSTATEMENT**MARSH HARBOR AT PALM VALLEY COMMERCIAL INVESTMENTS,**

Certificate of Status	0
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