

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 APR -5 AM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744824**

1. Corporation Name

oak lake park II, INC., A CONDOMINIUM

W02-4245

REINSTATEMENT 1989-2002

2. Principal Office Address

1960 UNION STREET

3. Mailing Office Address

1960 UNION ST.

Suite, Apt. #, etc.

BOX 44

Suite, Apt. #, etc.

BOX 44

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33763

Country

PINELLAS

Zip

33763

Country

PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

01/16/79

5. FEI Number

59-1884795

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

ALLI A. LUNDEN

900005414369-9

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

1960 UNION ST.

~~05/01/02-01026-028~~

*****1041.25 ***1041.25**

Suite, Apt. #, Etc.

APT. 30

City

CLEARWATER

State

FL

Zip Code

33763

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

Alli A. Lunden

Date **3/11/02**

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 |
|------------|-----------------------------------|--|-----------------------------|
| P/D | ROBERT NANDRAM | 3147 FIESTA DR | DUNEDIN, FL 34698 |
| V/D | JANICE JABLONSKI | 1960 UNION ST. APT 29 | CLEARWATER, FL 33763 |
| S/D | ALLI A. LUNDEN | 1960 UNION ST. APT. 30 | CLEARWATER, FL 33763 |
| | | | |
| | | | |

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: *Alli A. Lunden*, **ALLI A. LUNDEN**

Date **3/11/02**

**727
733-8737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)