

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **763162**

1. Corporation Name

**DURANT OAKS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

P. O. BOX 113  
VALRICO FL 33594

Mailing Address

P. O. BOX 113  
VALRICO FL 33594

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/10/1982**

5. FEI Number

**59-2612585**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
P	FREEMAN, JAMES D	2710 HERNDON ST	VALRICO FL 33594
T	WEEDON, WARREN	2704 HERNOON ST	VALRICO FL 33594
T	SWEENEY, J	2608 HERNDON ST	VALRICO FL 33594
D	PIKUS, MICHAEL	2707 HERNOON ST	VALRICO FL 33595
D	ALLEN, JAMES	2705 HERNOON ST	VALRICO FL 33597

8. Name and Address of Current Registered Agent

**FREGMAN, JAMES D**  
2710 HEANDON ST  
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name **FREEMAN, JAMES D**  
Street Address (P.O. Box Number is Not Acceptable)  
**2710 HERNDON ST**  
Suite, Apt. #, Etc.  
City **VALRICO** State **FL** Zip Code **33594**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **30 NOV 01**

11. 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**30 NOV 01 (813-828-9504)**