

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 DEC -8 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 766950

1. Corporation Name  
THE OAKS UNIT V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
14100 N. 46TH STREET  
TAMPA, FL 33613

Mailing Address  
C/O WISE PROPERTY MGMT.  
7628 N. 56TH STREET  
SUITE 8  
TAMPA, FL 33617

REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida  
FEBRUARY 11, 1983

5. FEI Number  
59-3035562

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CODY SWIDLER	14100 N. 46TH STREET #R-32	TAMPA, FL 33613
T	DAREN BUSCIGLIO	14100 N. 46TH STREET #R-30	TAMPA, FL 33613
S	BETH NERON	14100 N. 46TH STREET # Q-20	TAMPA, FL 33613
D	MARIE DUMOIS	2513 S. YSABELLA AVE	TAMPA, FL 33629
D	VIVIAN HOWARD	14100 N. 46TH STREET # O-5	TAMPA, FL 33613

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8. Name and Address of Current Registered Agent

WILLIAM C. SPIVEY  
7628 N. 56TH STREET, SUITE 8  
TAMPA, FL 33617

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number, If Applicable)  
Suite, Apt. #, Etc.  
City  
State FL Zip Code

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date Nov 21, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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)(j), 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:  Beth M. Neron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth M. Neron

11/21/97  
Date

979-6183  
Daytime Phone #

CR2500 (12/95)