PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768452

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12/12/03--01068--021 **1408.75

REINSTATEMENT 84-03

1. Corporation Name

OAKLEIGH CONDOMINIUM OWNERS' ASSOCIATION, INC.

2. Principal Office Address
8370 CARL DEAN STREET

3. Mailing Office Address
4770 SKYLINE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PENSACOLA, FL

City & State
PENSACOLA, FL

Zip 32514 | Country USA

Zip 32503 | Country USA

4. Date Incorporated or Qualified To Do Business in Florida 16 MAY 1983

5. FEI Number 33-1078043 | 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
ROBERT M. ROWE

Street Address (P.O. Box Number is Not Acceptable)
4770 SKYLINE DRIVE

Suite, Apt. #, Etc.

City
PENSACOLA | State FL | Zip Code 32503

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 Robert M. Rowe

REGISTERED AGENT MUST SIGN

Date 12-11-2003

CR2E081 (10/02)

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
BOARD MEMBER	ROBERT M. ROWE	4770 SKYLINE DR	PENSACOLA, FL 32503
BOARD MEMBER	FERRAL E. WENDELL	UNIT #205 8370 CARL DEAN ST	PENSACOLA, FL 32514
BOARD MEMBER	STANLEY T. DAVIS	UNIT #206 8370 CARL DEAN ST.	PENSACOLA, FL 32514

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: Robert M. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-2003   (850)478-5106

Date   Daytime Phone #