		PLEASE READ	ALL INS	TRUCTI	ONS	BEF	ORE (COMPLET	ING THIS FOR	м. М.		
,	PLICAT FOR	ION	FLORID	A DEPAF Sandra E Secreta	RTMEN 3. Mort ry of S	NT OF tham tate •	STATE	_1		••••		
REINSTATEMENT DIVISION OF CORPOR						ATIONS	; 	FILED				
DOCUMENT #710820									97 APR 30 PM 4: 28			
OAK TREE PLACE HOMEOWNERS ASSOCIATION, INC.									SECRETARY OF STATE TALLAHASSEE, FLORIDA			
								}	TALLAHASS	EE, FL	TATE ORIDA	
Principal Place of Business Mailing Address								-	:	, ~		
P. O. Box 1962 P. O. Box 1962										1		
Okeechobee, FL 34973-1962 Okeechobee, FL 34973- 1962 If above addresses are Incorrect in any way, line through incorrect information and enter correction below.												
New Principal Office Address, If Applicable New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable									porated or Qualified			
Suite, Apt. #, etc. Suite, Apt. #,				, etc.				To Do Business in Florida				
City & State City & State								1 45-0004450			Applied For Not Applicable	
Ζ ίρ		Country	Zip		Country	, .		6. CERTIFICAT	E OF STATUS DESIRED		ditional Fee required	
7. Names	orida nonprofit	t corporat	lions mu	st list at le	past 3 directors)							
Title(s)	and/or Directors D					et Address of Each Der and/or Director City / Post Office Box Numbers) 4			/ State / Z	ip		
P/D	7/D LAW, Patricia A.				2355 S.W. 28th St., #60D				Okeechobee, FL 34974			
V/D	WILLIA	9281 S.E. 62nd Drive				Okeechobee, FL 34974			4974			
S/D	ROBERT	S, Billy, Jr.	2355 S.W. 28th St., #			St.,	#30D	Okeechobee,	FL 3	4974		
T/D	RATLIF	2355 S.	8th St., #100E		#100E	Okeechobee,	FL 3	4974				
D	MOBLEY	2355 S.	.w. 2	8th	St.,	#70D	Okeechobee,	FL 3	4974			
											1001	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent				
HESTER, David						Name RATLIFF, Loredana						
Okeechobee. FL 34972						355 S	idress (P.O. Box Number is Not Acceptable) 55 S.W. 28th Street					
c						Suite, Apl. #, Etc. #100E						
							keech		\ [ate Zip	84974	
10. 1, leing appointed the registered agent of the above pained corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date April 29, 1997 REGISTERED AGENT MUST SIGN												
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 🗵												

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 filling 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 fisted 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 AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

(941) 763-6382

Daytime Phone #