

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 MAR -5 PM 2:45

DOCUMENT # **770843**

1. Corporation Name  
**Indian Oaks Home Owners' Association, Inc.**

2. Principal Office Address  
**1815 Miccosukee Commons**  
 Suite, Apt. #, etc.  
**#104**

3. Mailing Office Address  
**P.O. Box 14019**  
 Suite, Apt. #, etc.

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 \*\*\*\*\*822.50 \*\*\*\*\*822.50

City & State  
**Tallahassee, FL**  
 Zip  
**32308**  
 Country  
**USA**

City & State  
**Tallahassee, FL**  
 Zip  
**32317**  
 Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida **10-20-83**

5. FEI Number **59-2459655** 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  
**Tammy S. Daughtry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1815 Miccosukee Commons Dr.**  
 Suite, Apt. #, Etc.  
**Suite 104**  
 City  
**Tallahassee**

\* 848.75

**REINSTATEMENT 91-01**

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. **3-5-2001**

Signature of Registered Agent **[Signature]** Date **11-8-00**  
 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.	Gino Luziatti	4476 Bayshore Cir	Tallahassee, FL 32308
VPD	Kathy Kellogg	9601 Miccosukee Rd #48	Tallahassee, FL 32308
SD	John Bechtol	1304 Summit + chase	Lakeland FL 33813
TD	John Luziatti	11211 Mountaincrest Dr.	Huntsville AL 35803

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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: **[Signature]** **Gino Luziatti** Date **11-22-00** Daytime Phone # **850-681-6810**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)