PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04357

1. Corporation Name

OAK TREE GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2561 S. PARK AVE. ~~2573 PARK AVE S~~ TITUSVILLE FL 32780 US	2561 S. PARK AVE. ~~2573 PARK AVE~~ TITUSVILLE FL 32780 US

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2561 S. Park Ave	2561 S. Park Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Titusville FL	Titusville, FL
City & State	City & State
Zip 32780 Country US	Zip 32780 Country US

4. Date Incorporated or Qualified To Do Business in Florida: 07/25/1984

5. FEI Number: 59-2823601 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAVIS, RENE	2577 S PARK AVENUE	TITUSVILLE FL 32780
T/D	~~STANGE, PHYLLIS~~ Robinson, Jean	~~2573 S. PARK AVE~~ 2561 S. Park Ave.	TITUSVILLE FL 32780
D	HEFFINGTON, PHILLIP	2565 S. PARK AVENUE	TITUSVILLE FL 32780
~~PD~~	~~WARD, RUTH~~	~~2563 S. PARK AVE~~	~~TITUSVILLE FL~~ (delete)
S	NAZZARE, JAN	2597 S PARK AVE	TITUSVILLE FL 32780

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~WARD, RUTH~~ (new Agent) Robinson, Jean ~~2563 S PARK AVE~~ 2561 S. Park Ave ~~TITUSVILLE FL 32780~~ Titusville, FL 32780	Name: Robinson, Jean Street Address (P.O. Box Number is Not Acceptable): 2561 S. Park Ave Suite, Apt. #, Etc.: City: Titusville State: FL Zip Code: 32780

CR2E040 (8/99)

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: ~~Donna~~ Jean Robinson SIGNATURE REQUIRED Date: 1/1/00
REGISTERED AGENT MUST SIGN

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.

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SIGNATURE: ~~Donna~~ Jean Robinson SIGNATURE REQUIRED 1/1/00 407-264-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE