

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

00 DEC -7 PM 1:51

DOCUMENT #

NOU 387

1. Corporation Name

The Oaks of Maitland Homeowners' Association, Inc.

2. Principal Office Address

780 Dommerich Drive

3. Mailing Office Address

780 Dommerich Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

US

Zip

32751

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/26/1984

5. FEI Number

59-2443462

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

AK-111

7. Name and Address of Current Registered Agent

Name

Susan Baxa

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

780 Dommerich Drive

Suite, Apt. #, Etc.

100003509521-4
-12/21/00--01002--025
****358.75 ****358.75

City

Maitland

State

FL

Zip Code

32751

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**

Susan Baxa

REGISTERED AGENT MUST SIGN

Date 12.4.00

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	Dale Burket	1505 The Oaks Drive	Maitland, FL 32751
VP/D	Christine Hausheer	771 Dommerich Drive	Maitland, FL 32751
T/D	Lya Eisenberg	1506 The Oaks Drive	Maitland, FL 32751
S/D	Susan Baxa	780 Dommerich Drive	Maitland, FL 32751

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.

Susan Baxa, Secretary

SIGNATURE: *Susan Baxa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.4.00

Date

407.644.2751

Daytime Phone #

CR2E01 (9/99)