PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

OVEROAKS PHASE I OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4100 ENCHANTED OAKS CIRCLE KISSIMMEE FL 34741

10610 METRIC DR STE 190 DALLAS TX 75243

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New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· ·	
City & State		City & State		
Zip	Country	Zip	Country	

8. Name and Address of Current Registered Agent

FILED SECRETARY OF STALE UVISION OF CORPORATIONS

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	Date Incorporated or Qualified To Do Business in FlorIda 02/28	1985
	5. FEI Number	Applied For
	59-2509156	Not Applicable
		ditional 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3	City / State / Zip			
PD	Noble, R. Edward	4100 ENCHANTED OAKS CIRCLE	KISSIMMEE FL 34741			
VTD	KIDD, ANDREW E	4100 ENCHANTED OAKS CIRCLE	KISSIMMEE FL 34741			
SD	HAWLEY, TIM	1714 GOLFVIEW DR	KISSIMMEE FL 34746			
		10	000035006:314 -12/13/0001114027 *****236:25 *****236:25			
		\R. p/n	*************************************			
.,		\$ 100				

•	•	-	Name
KIDD, ANDREW E. 4100 ENCHANTED OAKS CIRCLE			Street Address (P.O. Box Number is Not Acceptable
KISSIMMEE FL 34741		Suite, Apt. #, Etc.	

with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

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 to execute this application as provided in it cliebtes over the reason 607.0401 or 617.0401, F.S., that will fill 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.

State Zip Code

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