

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 31 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N29643

1. Corporation Name **OAK FORD GOLF CLUB OWNERS
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**1552 Palm View Road
Sarasota, Florida 34240**

REINSTATEMENT *aw 94-97*

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/12/88	
Suite, Apt #, etc		Suite, Apt #, etc.		5. FEI Number 65-0188722	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	Michael A. Kahn	4091 Basswood Drive	Sarasota, Florida 34232
S, D	Susan Hentz	2310 Oak Road Road	Sarasota, Florida 34240
D	John T. Trexler	4431 W. Robinhood Trail	Sarasota, Florida 34232
			500002076275--8 -02/03/97--01066--018 ****420.00 ****420.00

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

9. Name and Address of New Registered Agent

Name **William C. Strode, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
720 South Orange Avenue
Suite, Apt. #, Etc.
City **Sarasota** State **FL** Zip Code **34236**

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: *William C. Strode* Date **1/28/97**
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

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Michael K. Kahn* **PRESIDENT** Date **1/28/97** (941) 377-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Michael K. Kahn

CR2E040 (12/95)