

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 PM 5:25

DOCUMENT # **N94000002283**

1. Corporation Name

**OAK RIVER HOMEOWNER'S
ASSOCIATION, INC.**

100065189131
02/06/06--01005--016 **428.75

2. Principal Office Address

1808 SW 24 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1808 SW 24 AVE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

**FORT LAUDERDALE
FLORIDA**

Zip

33312

Country

USA

Zip

33312

Country

USA

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

1994

5. FEI Number

650500927

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

JEROMY VICTOR MOLD

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

1808 SW 24 AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date **JAN 22, 2006**

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	DAVID FOUNDS	1919 SW 24 TERRACE	FT LAUDERDALE FL 33312
VP	JEROMY VICTOR MOLD	1808 SW 24 AVE	FT. LAUDERDALE FL 33312
T	CONNIE SALERNO	1808 SW 24 AVE	FT. LAUDERDALE FLORIDA 33312
S	JAMIE COHN	1818 SW 24 Terrace	FT LAUDERDALE FL 33312

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06 (954) 547-6302

Date

Daytime Phone #