

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **N95000003758**

1. Corporation Name

OAKWOOD FOREST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6900 SOUTHPOINT DRIVE NORTH
 STE. 250
 JACKSONVILLE FL 32216
 US

6900 SOUTHPOINT DRIVE NORTH
 STE. 250
 JACKSONVILLE FL 32216
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~4026 Windsor Park Dr E.~~
 Suite, Apt. #, etc.

~~13869 Windsor Park Dr N.~~
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip Country
32224 USA

Zip Country
32224 USA

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1995

5. FEI Number

59-3262620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT

98-99⁰

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	SANKERS, GUS O	6900 SOUTHPOINT DR NW	JACKSONVILLE FL 32216
DV	ALEXANDER, ALEC	6900 SOUTHPOINT DR NW	JACKSONVILLE FL 32216
DST	PLANCE, SANDRA	6900 SOUTH POINT DR. N.	JACKSONVILLE FL
DP	ROBERT GOLD	4026 WINDSOR PARK DR. E.	JACKSONVILLE, FL 32224
DV	CHARLES FARMER	13892 OAKWOOD PARK LN	JACKSONVILLE FL
DST	KAROLINE HALL	13869 WINDSOR PARK DR. N.	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SIMON, BERT C
 1660 PRUDENTIAL DR
 SUITE 203
 JACKSONVILLE FL 32207

Name

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

Suite, Apt. #, Etc.

City

700002960147--6

-08/16/99--01007--014

*****306.25 ***306.25**

State

Zip Code

FL

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

Bert C Simon

REGISTERED AGENT MUST SIGN

Date

4/28/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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 filed 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 taxes 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

Date

Daytime Phone #

CR22E040 (9/96)

KE
 8/18/99