

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056042

1. Corporation Name
ONEIDA PROPERTIES, INC.

Principal Place of Business P O BOX 1163 PALMETTO FL 34220	Mailing Address P O BOX 1163 PALMETTO FL 34220
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Sharon Douglas J 813 Emma St SARASOTA FL		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0723754	
City & State		City & State		Applied For Not Applicable	
Zip 34243	Country USA	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	4 City / State / Zip
D	SHARON, DOUGLAS J	4403 7TH ST E #3	ELLENTON FL 34222
D	RISSLER, JUDITH S	7605 17TH AVE NW	BRADENTON FL 34209
D	PRICE, JENNIFER	7720 4TH AVE W	BRADENTON FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHARON, DOUGLAS J
4403 7TH ST E #3
ELLENTON FL 34222

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon Douglas J

Date

Daytime Phone #

941-351-5344

CRP040 (8/02)

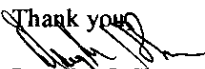
Oneida Properties Inc.
P.O. Box 1163
Palmetto, FL 34220

19 Nov. 2002

Sirs,

Attached is the application to reinstate Onedia Properties Inc. . W paid our fees in March and sent the Form. We have never received any further correspondence until receiving the Notice of Dissolution. You retained the fees so please reinstate the Corporation.

Thank you


Douglas J. Sharon, Pres.