

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 JAN 23 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096428

1. Corporation Name

FAIR OAKS Retirement Village, Inc.

2. Principal Office Address

6050n in Law Rd

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

Zip

32425

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/99

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 UBR

7. Name and Address of Current Registered Agent

Name

See Shaffer

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

105 Son in Law Rd

Suite, Apt. #, Etc.

City

Bonifay

State

FL

Zip Code

32425

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

See Shaffer

REGISTERED AGENT MUST SIGN

Date 1-23-02

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

Sec Victoria Everitt 105 Son in Law Rd Bonifay FL 32425

Vpres Michael Shaffer 105 Son in Law Rd Bonifay FL 32425

pres Lee Shaffer 105 Son in Law Rd Bonifay FL 32425

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01/23/02--01095--001

****500.00 ****450.00

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 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:

See Shaffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

Date

Daytime Phone #

CR2081 (9/01)

To Whom This May Concerns:

I hee Shaffer President of
Fair Oaks Retirement Village Inc
Have been Ill for some time
With the end result in
Oct. of 2001 5 Bypasses and
a Heart Valve Repair
I Am Still Under A Drs.
CARE. I Hope you will
not Cause me to have
to pay penalties.

Thank you
hee Shaffer