

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 12:17

DOCUMENT # P99000096428

1. Corporation Name

FAIR OAKS RETIREMENT VILLAGE, INC.

Principal Place of Business

60 SON-IN-LAW ROAD
BONIFAY FL 32425

Mailing Address

60 SON-IN-LAW ROAD
BONIFAY FL 32425

400024723104
11/14/03--01079--021 **150.00



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1999

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P, V	SHAFER, LEE Whittenberg, Ledel	60 105 SON-IN-LAW ROAD	BONIFAY FL 32425
V	SHAFER, MICHAEL	105 SON-IN-LAW ROAD	BONIFAY FL 32425 REMOVE
S	EVERITT, VICTORIA	60 105 SON-IN-LAW ROAD	BONIFAY FL 32425

400024723104
11/14/03--01079--020 **8.75

11/10

8. Name and Address of Current Registered Agent

SHAFER, LEE
60 SON-IN-LAW ROAD
BONIFAY FL 32425

9. Name and Address of New Registered Agent

Name Ledel Whittenberg
Street Address (P.O. Box Number is Not Acceptable) 60 SON-IN-LAW ROAD
Suite, Apt. #, Etc.
City Bonifay
State FL Zip Code 32425

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

Ledel Whittenberg

Date

11-10-03

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

Date

Daytime Phone #

Ledel Whittenberg

11-10-03

DEAR SIR,

I did not Recieve A Renewal
Form for Our Corporation.

I Am Sending My Check
for the Renewal please

Send my Certificate

Thank you

Leo Shaffer

President

Fair Oaks Retirement Village

60 Son in Law Rd

Bonifay, Fl. 32425

850-547-3875