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# APPLICATION FOR REINSTATEMENT

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 18 PM 12:59

DOCUMENT # N96000001431

1. Corporation Name
Eastlake Oaks Homeowners Association, Inc.

Principal Place of Business
7001 Temple Terrace Hwy
Temple Terrace FL 33637

Mailing Address
SAME

REINSTATEMENT 99-00

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

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
1996

5. FEI Number
59-3375272
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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---|---|---|---|
| PD | John Sellinger | 311 Park Place Blvd #600 | Clearwater FL 33759 |
| VD | Linda Sickles | 311 Park Place Blvd #600 | Clearwater, FL 33759 |
| STD | Francine Miller | 311 Park Place Blvd #600 | Clearwater FL 33759 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent
Julius J. Zschau, Esq.
911 Chestnut Street
Clearwater FL 33756

9. Name and Address of New Registered Agent
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.

Signature of Registered Agent: Julius J. Zschau
REGISTERED AGENT MUST SIGN
Date 1/12/00

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 of 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: John Sellinger John Sellinger 1/12/00 727-796-0911
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations

# Florida Department of State

## Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

# CORPORATION REINSTATEMENT

## EASTLAKE OAKS HOMEOWNERS ASSOCIATION, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | $306.25 |

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