

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 3:16

DOCUMENT # N98000001004

1. Corporation Name

OAK PARK HOMEOWNERS ASSOCIATION OF ORANGE COUNTY INC

REINSTATEMENT 06-08

200129192372

05/13/08--01005--012 **385.75

2. Principal Office Address - No P.O. Box #
2180 WEST SR 434

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SAME

City & State

LONGWOOD FL

City & State

LONGWOOD

Zip
32779-5044

Country
USA

Zip
SAME

Country
SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3480782

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JAMES W HART JR

Street Address (P.O. Box Number is Not Acceptable)
2180 WEST SR 434

Suite, Apt. #, Etc.
SUITE 5000

City
LONGWOOD

State Zip Code
FL 32779-5044

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/17/08

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
PRES	ANGELA TALTON	13715 DARCHANCE RD	WINDERMERE FL 34786
VP	BRENDELYN BRANNUM	6320 REDWOOD OAKS DR	ORLANDO FL 32818
SEC	BETTYE WARD	6351 REDWOOD OAKS DR	ORLANDO FL 32818

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 contained in Chapter 119, 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 #

407-497-9374

5/15