

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

03 OCT 21 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N41671

1. Corporation Name

SEMINOLE OAK TRAILS HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

~~11000~~ SHELLY CIRCLE  
SEMINOLE FL 33772  
11590

~~11000~~ SHELLY CIRCLE  
SEMINOLE FL 33772  
11590



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

11590 SHELLY CIRCLE

Suite, Apt. #, etc.

SEMINOLE, FL

City & State

3. New Mailing Office Address, If Applicable

11590 SHELLY CIRCLE

Suite, Apt. #, etc.

SEMINOLE, FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/1991

5. FEI Number

59-3046849

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

33772

Country

USA

Zip

33772

Country

USA

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
PD	LIGGINS, JANE- JUNE	<del>11000</del> SHELLY CIRCLE 11591	SEMINOLE FL 33772
SD	MUEHLHAUSEN, KAY HAUSEN	<del>11000</del> SHELLY CIRCLE 11580	SEMINOLE FL 33772
TD	MCDONALD, JOHN M	<del>11500</del> SHELLY CIRCLE 11590	SEMINOLE FL 33772

300023967753  
10/21/03--01053--016 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCDONALD, JOHN M  
~~11570~~ SHELLY CIRCLE  
SEMINOLE FL 33772  
11590

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

*John M. McDonald*  
JOHN M. MCDONALD

REGISTERED AGENT MUST SIGN

Date

10/17/03

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:

*John M. McDonald*  
JOHN M. MCDONALD Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/03 (727) 398-0843

CP2E040 (7/03)

Seaside, Florida  
17 October 2003

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs,

Enclosed is our application for corporate  
reinstatement

Request the reinstatement fee be waived  
as we did not receive the two prior  
uniform business report (UBR) notices. I  
assume they were sent to the incorrect  
address on the form.

I have corrected the addresses - as  
well as name misspellings.

Thank you for your consideration in the  
matter

Sincerely,  
John M. McDonald  
John M. McDONALD  
Treasurer