

pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

AUG -3 PH 12:56

DOCUMENT # 723026

1. Corporation Name  
Glen Oaks Estates Homeowners Association, Inc.

100316756881  
08/03/18--01005--003 \*\*2908.75

2. Principal Office Address - No P.O. Box #  
3836 Calliandra Dr  
Suite, Apt. #, etc

3. Mailing Office Address  
3836 Calliandra Dr  
Suite, Apt. #, etc

City & State  
Sarasota, FL  
Zip Country  
34232 U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
03/29/72

5. FEI Number  
05-09A0379  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  
Newlon, Ellendar R.

Street Address (P.O. Box Number is Not Acceptable)  
3818 Calliandra Dr  
Suite, Apt. # Etc.

City State Zip Code  
Sarasota FL 34232

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 *Ellendar R. Newlon* Date 7-31-2018  
REGISTERED AGENT MUST SIGN

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
P/D	Dumaine, Norman J.	3847 Calliandra Dr	Sarasota, FL 34232
V/D	Ellis, James D., Jr.	3943 Calliandra Dr	Sarasota, FL 34232
T/D	Newlon, Ellendar R.	3818 Calliandra Dr	Sarasota, FL 34232
S/D	Glugna, Renee C.	3836 Calliandra Dr	Sarasota, FL 34232
D	Shapiro, Barbara	3644 Pin Oaks St	Sarasota, FL 34232
D	Nielsen, Paul D.	3743 Calliandra Dr	Sarasota, FL 34232

10. E-mail Address: hoa@glenoaksestates.org  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Renee C. Glugna* Renee C. Glugna 7/31/18 941-366-1626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

MOORE  
7/31/2018

## Page 2 - Document 723026

Titles	Name of Officers and/or Directors	Street Address of Each Orricer and/or Director	City / State / Zip
D	Meyer, C. Steve	3621 Allenwood St	Sarasota, FL 34232
D	Rakes, Geraldine C.	3910 Pin Oaks St	Sarasota, FL 34232
D	Menke, Peter	3661 Allenwood St	Sarasota, FL 34232