

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 9:05

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # 735388

1. Corporation Name

Live Oak Acres Home Owners Association, Inc.

2. Principal Office Address - No P.O. Box #
2905 SE 36th LN

3. Mailing Office Address
2905 SE 36th LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32641

Country
Alachua

Zip
32641

Country
Alachua

REINSTATEMENT 02-07
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida** 3.25.76

5. FFL Number
592514228

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Jeffrey T. Grater

Street Address (P.O. Box Number is Not Acceptable)
2905 SE 36th LN

Suite, Apt. #, Etc.

City
Gainesville

State FL **Zip Code** 32641

☒ 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 7.21.07

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
PD	Jeffrey T. Grater	2905 SE 36th LN	Gainesville, FL 32641
TD	Stephen Steve Ulmer	3122 SE 29 Bvd	Gainesville, FL 32641
VD	Robert Easton	3024 SE 29 Bvd	Gainesville, FL 32641
SD	Frank Ahern	3006 SE 29 Bvd	Gainesville, FL 32641

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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

7/21/2007

Date

352.338.7090

Daytime Phone #