

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 10:17

DOCUMENT # 737211 (3)

1. Corporation Name

VICTORIA OAKS OWNERSHIP ASSOCIATION INC.

500003330075--2
-07/20/00--01077--017
****358.50 ****358.50

2. Principal Office Address

105 CAMELLIA COURT

Suite, Apt. #, etc.

City & State

HAWTHORNE FLORIDA

Zip

32640

Country

US

3. Mailing Office Address

PO BOX 880

Suite, Apt. #, etc.

City & State

HAWTHORNE FLORIDA

Zip

32640

Country

US

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1976

5. FEI Number

59-1474531

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

BEVERLY C. Whiteside

Street Address (P.O. Box Number is Not Acceptable)

105 CAMELLIA COURT

Suite, Apt. #, Etc.

City

HAWTHORNE

State

FL

Zip Code

32640

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

BEVERLY C. Whiteside

REGISTERED AGENT MUST SIGN

Date June 12, 2000

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	MYRA JILL BARKER BUSCH	102 W. CEDAR COURT	HAWTHORNE FL 32640
VD	HELENE DRUMMOND	119 W. CEDAR COURT	HAWTHORNE FL 32640
STD	BEVERLY C. Whiteside	105 CAMELLIA COURT	HAWTHORNE FL 32640

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 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: BEVERLY C. Whiteside BEVERLY C. Whiteside

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 12, 2000 (352) 481-2376

Date

Daytime Phone #