

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745 906

1. Corporation Name

OAK PARK OF River OAKs, Inc

2. Principal Office Address - No P.O. Box #

199 Westwood Drive

3. Mailing Office Address

199 Westwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

Country

34110

USA

Zip

Country

34110

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0105103

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

Todd PFLAUMER

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

199 Westwood Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34110

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-9-09

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	Fred H. BENSON JR	158 OLD TAMiami TRAIL	Naples, FL 34110
T/D	Todd PFLAUMER	199 Westwood Drive	Naples, FL 34110
S/D	Lynda Woods	182 Old Tamiami TRAIL	Naples, FL 34110
D	ELWOOD FAUST	174 Old Tamiami TRAIL	Naples, FL 34110
D	Ree Van Miller	191 Westwood Drive	Naples, FL 34110

REINSTATEMENT

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED H. BENSON JR

3-9-09

Date

239-513-1400

Daytime Phone #

Please send us a certificate of status. \$8.75 included.