

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746814

1. Corporation Name

WILD OAK BAY TERRACE OWNERS ASSOCIATION INC

2. Principal Office Address

2180 WEST SR 434

3. Mailing Office Address

2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

USA

Zip

32779

Country

USA

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

04-20-1979

5. EEI Number

591974093

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

JAMES W HART JR

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

C/O SENTRY MANAGEMENT INC

Suite, Apt. #, Etc.

2180 WEST SR 434 SUITE 5000

City

LONGWOOD

State

FL

Zip Code

32779

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

10/10/06

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	DAVID DAVIS	3902 MOURNING DOVE DR #231	BRADENTON FL 34210
VPD	FRED GAROFALO	6501 MOURNING DOVE DR #217	BRADENTON FL 34210
STD	EVA VNUK	3805 SUN EAGLE LN #211	BRADENTON FL 34210
D	RAY BELLIVEAU	3803 SUN EAGLE LN #205	BRADENTON FL 34210
D	WILMA FARRELL	3805 SUN EAGLE LN #208	BRADENTON FL 34210

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

Date

11-21-06 9A1-758-7481

Daytime Phone #