

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -5 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 750311

1. Corporation Name

OAKMONT CONDOMINIUM ASSOCIATION, INC.

700075197327  
05/24/06--01026--005 \*\*542.50

CR2E081 (12/05)

2. Principal Office Address

140 N.W. 16th Street

3. Mailing Office Address

140 N.W. 16th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip  
33060

Country  
USA

Zip  
33060

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/79

5. FEI Number

84-0611917

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

ATAC, USTUN

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

140 N.W. 16th Street

Suite, Apt. #, Etc.

City

Pompano Beach

State  
FL

Zip Code  
33060

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

Date

5/3/06

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/T	ATAC, USTUN	140 N.W. 16th Street	Pompano Beach, FL 33060
D/S	ESKEW, SCOTT	670 S.E. 5th Court	Pompano Beach, FL 33060
D	ATAC, SERPIL	140 N.W. 16th Street	Pompano Beach, FL 33060

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:

Ustun Atac, President

954-781-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #