

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 750864

1. Corporation Name

OAKWOOD VILLAGE CONDOMINIUM, INC.

FILED

01 JAN -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

13122 E HWY 25
OKLAWAHA FL 32179
US

Mailing Address

13122 E. HIGHWAY 25
SUITE #16
OKLAWAHA FL 32179
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

LD

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1980

5. FEI Number

59-2105352

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DELONG, JOHN KEENE, PEGGY	601 E. CAROLINA AVENUE 13122 E. HWY 25 #14	PLANT CITY FL 33568 OKLAWAHA FL 32179
SD	LITT, JUDY	13122 E. HIGHWAY 25, BOX 1	OKLAWAHA FL 32179
DVP	LITT, GORDON	13122 E. HIGHWAY 25, #1	OKLAWAHA FL 32179
D	FARMER, OWEN GALLOWAY, JIM	904 E. TOMLIN STREET 13122 E. HWY 25 #5	PLANT CITY FL 33568 OKLAWAHA, FL. 32179
TD	KEENE, PEGGY HAM, RAYMOND	13122 E. HIGHWAY 25, #14 13122 E. HWY 25 #12	OKLAWAHA FL 32179 OKLAWAHA, FL. 32179

8. Name and Address of Current Registered Agent

LITT, GORDON H.
13122 E. HIGHWAY 25
SUITE #1
OKLAWAHA FL 32179

9. Name and Address of New Registered Agent

Name

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

100003532651--0

Suite, Apt. #, Etc.

-01/11/01--01042--010

City

State

FL

Zip Code

****236.25 ****236.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1-2-01

11. 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01

Date

352-288-3586

Daytime Phone #