

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W06000844566

FILED

06 OCT 20 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754833

1. Corporation Name

Oaks Dwelling-Unit Owners  
Association, INC.

2. Principal Office Address

101 N. Pine St.

Suite #5

3. Mailing Office Address

P.O. Box 2043

City & State

New Smyrna Beach, FL

Zip 32169

Country USA

City & State

New Smyrna Beach, FL

Zip 32170

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1980

5. FEI Number

59-2306265

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

1990-2006

7. Name and Address of Current Registered Agent

Name

Edna Butler

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

101 N. Pine St.

Suite, Apt. #, Etc.

#5

City

New Smyrna Beach

State

FL

Zip Code

32169

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

Edna Butler

REGISTERED AGENT MUST SIGN

Date

10/6/06

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
P	Butler, Edna	101 N. Pine St. #5	NSB., FL 32169
VP/D	Stockton, Megan	101 N. Pine St. #1	NSB, FL 32169
S/D	Davis, Kathy	101 N. Pine St. #8	NSB, FL 32169
T/D	Butler, Edna	101 N. Pine St. #5	NSB, FL 32169
	10/25		

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:

Edna Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/06

Date

Daytime Phone #