

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -5 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 757826

1. Corporation Name

OJC FARM OWNERS ASSOCIATION NO. 1, INC.

8720 W HWY 318  
8720 W HWY 318

2. Principal Office Address  
8720 W HWY 318

3. Mailing Office Address  
8720 W HWY 318

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
REDDICK, FL

City & State  
REDDICK, FL

Zip Country  
32686 US

Zip Country  
32686 US

4. Date Incorporated or Qualified  
To Do Business in Florida 05/01/1981

5. FEI Number  
592212949

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  
STANTON, BARBARA

Street Address (P.O. Box Number is Not Acceptable)  
9628 SW 74TH AVENUE

Suite, Apt. #, Etc.

City  
OCALA

State Zip Code  
FL 34476

REINSTATEMENT 9/8-04

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

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	LACROIX, DAVID	220 38TH STREET	MANHATTAN BEACH, CA 90266
STD	STANTON, BARBARA	9628 SW 74TH AVENUE	OCALA, FL 34476
D	LACROIX, TAMARA	220 38TH STREET	MANHATTAN BEACH, CA 90266

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11-05-04 01042-005 \*\*\*612.50

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 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.

SIGNATURE:

*Barbara Stanton* Barbara Stanton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/04  
Date

352 591-1212  
Daytime Phone #

CR2E081 (01/04)