

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 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757828

1. Corporation Name

OJC TRAINING FACILITIES OWNERS ASSOCIATION, INC.

8720 W HWY 318
8720 W HWY 318

2. Principal Office Address

8720 W HWY 318

Suite, Apt. #, etc.

3. Mailing Office Address

8720 W HWY 318

Suite, Apt. #, etc.

City & State

REDDICK, FL

City & State

REDDICK, FL

Zip

32686

Country

US

Zip

32686

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1981

5. FEI Number

592212943

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

FL

Zip Code

34476

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

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
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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/04 32 591-1212
Date Daytime Phone #

CR2E081 (01/04)