PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APF	PLICATION
•	FOR
RĘIN:	STATEMEN <sup>1</sup>



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

Oak Village 🖟

Association, Inc.

737 - 747 E. Alfred St. Tavares, FL 34778

Mailing Address c/o

Keating Glass Inc. 1717 S. Division Ave. Orlando, FL 32805

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

3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 1717 S. Division Ave. 1717 S. Division Ave. Suite, Apt. #, etc. Suite, Apt. #, etc.

City'& State Orlando, Orlando, Country 32805 IISA

City & State FL32805 USA FILED

99 DEC 16 AM 9: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT	92-1
4. Date Incorporated or Qualified	

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4.	Date Incorporated or Qualified To Do Business in Florida	9-1-	 7		

· · · · · · · · · · · · · · · · · · ·		
i. FEI Number		Applied For
59=1478791	~	Not Applicat

CERTIFICATE OF STATUS DESIRED X

3-0	0011			
7. Names	and Street Addresses of Each Officer and/or Direct			)
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director Use Post Office Box Numbers)	City / State / Zip
D	Peter J. White	500 Topa	z Way	Orlando, FL 32806
D	Lou White	500 Topa	z Way	Orlando, FL 32806
D	Petria White	725 E. J	efferson St.	Tallahassee, FL 32301
	,			* <b>00003083867</b> -12/29/9901104006 _****673.75_*****673.7
				**************************************
8. Name and Address of Current Registered Agent			9. Name a	nd Address of New Registered Agent
			Name Peter J. Whi Street Address (P.O. Box Num 500 Topaz Wa Suite, Apt. #, Etc.	
			City	State Zip Code

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

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No 🗵

(See other side for information on intangible tax.)

32806

12. 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 fisted 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:

Signature of Registered Agent

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR