

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 762997

1. Corporation Name

OAKLAND OAKS ASSOCIATION, INC.

Principal Place of Business

3420 N.E. 16 AVE
FORT LAUDERDALE FL 33334

Mailing Address

3420 N.E. 16 AVE
FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

18781 LENAIRE DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

18781 LENAIRE DR
Suite, Apt. #, etc.

City & State

MIAMI, FLA

City & State

MIAMI, FLA.

Zip

33157

Country

USA

Zip

33157

Country

USA

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

| Title(s) | Name of Officers and/or Directors |
|----------|------------------------------------|
| PD V | PALMER, MICHAEL |
| STD | GORREA, MELISSA EDWIN MOLINA |
| STD | BRACCILLI, RUDY FRANCINE TEGZES |
| | |
| | |
| | |

| Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) |
|--|
| 3420 N.E. 16TH AVENUE 158 NE 41 ST, SUITE 9 |
| 3432 N.E. 16TH AVENUE 3440 NE 16TH AVE |
| 3420 N.E. 16TH AVENUE 18781 LENAIRE DR. |
| |
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| |

| | |
|---|---|
| 4 | 600002865516 -05/10/99-01130-014 ***367.50 Date ***367.50 FORT LAUDERDALE FL 33334 MIAMI, FLA 33137 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 MIAMI, FLA 33157 |
|---|---|

8. Name and Address of Current Registered Agent

BRACCILLI, RUDY JR.
3420 N.E. 16TH AVENUE
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name
FRANCINE TEGZES
Street Address (P.O. Box Number is Not Acceptable)
18781 LENAIRE DR
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33157

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

Francine Tegzes

REGISTERED AGENT MUST SIGN

Date

4/15/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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:

Michael B. Palmer MICHAEL B. PALMER (PRES) 4/15/99 (305) 576-5937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 APR 27 AM 10:10
STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-99

4. Date Incorporated or Qualified
To Do Business in Florida 04/26/1982
5. FEI Number 59-2414074
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

CH2E040 (8/97)