

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 15 AM 9:48

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764266

1. Corporation Name

QUIET OAKS HOMEOWNERS'
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

64 MISTY MEADOW LN

Suite, Apt. #, etc.

N/A

City & State

Mulberry FL

Zip

33860

Country

USA

3. Mailing Office Address

P.O. Box 5301

Suite, Apt. #, etc.

NA

City & State

Lakeland FL

Zip

33807

Country

USA

REINSTATEMENT 85-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/23/1982

5. FEI Number

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

BARRY B. LIGHTSEY

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

64 MISTY MEADOW LN

Suite, Apt. #, Etc.

N/A

City

Mulberry

State

FL

Zip Code

33860

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barry B. Lightsey

REGISTERED AGENT MUST SIGN

Date 3-13-07

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	Asonja Cross	725 N. Lorri Ave	Lakeland, FL 33815
V	BARRY LIGHTSEY	64 misty meadow LN	Mulberry FL 33860
S/T	Alfredia LIGHTSEY	64 misty meadow LN	Mulberry FL 33860
D	COREY LIGHTSEY	3520 Cleveland Heights Blvd #106	Lakeland FL 33803
		70095797347	
		04/04/07--01029--006 **1592.50	
		73120	

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:

Asonja Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 (863) 688-5046

Date

Daytime Phone #