

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 # F97000002362

1. Corporation Name

OPENAKA CORPORATION, INC.

Principal Place of Business

Mailing Address

% ROBERT E. PRICE, P.E.
565 OPENAKI RD
DENVER NJ 07834

% ROBERT E. PRICE, P.E.
565 OPENAKI RD
DENVER NJ 07834

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1997

5. FEI Number

22-2276997

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

000002704100--3

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
1	2	3	4
C	PRICE, ROBERT E JR	821 BOBBIT RD	MOCKSVILLE NC 27028
D	AKERMAN, ALEXANDER III (Deceased)	230 CATTAIL CT	ORLANDO FL 32806
D	MENARD, ANDREW R	3791 S. HARTFORD DR	SAGINAW MI 48603
P	PRICE, ROBERT E	565 OPENAKI RD	DENVILLE NJ 07834
S	PRICE, ALEXANDER M	56 MT. PLEASANT AVE	DOVER NJ 07801
D	PRICE, MARGARET M	565 OPENAKI RD	DENVILLE NJ 07834

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPILMAN, DEREK B
AKERMAN, SENTERFITT & EIDSON, P.A.
100 S. ASHLEY DR, SUITE 1500
TAMPA FL 33611-5039

Name

DEREK BRETT SPILMAN, P.A.

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

4215 MILLER DRIVE

Suite, Apt. #, Etc.

City

ST. PETERSBURG BEACH

State

FL

Zip Code

33706

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

[Signature]

FEES REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/18/98

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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98

Date

973-361-1493

Daytime Phone #

FILED

98 NOV 23 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/98)