

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 73943**

1. Corporation Name

Grand Oak Villas, Inc.

Escambia County

2280 N. 9th Avenue
Pensacola, Florida 32503

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **1991**

5. FEI Number

59-2503211

Applied For

Not Applicable

6

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)

1	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P	Ralph M. Boyd	2280 N. 9th Avenue	Pensacola, Florida 32503
V	James C. Boyd	2280 N. 9th Avenue	Pensacola, Florida 32503
			000002847970--7 -04/22/99--01089--022 ***1500.00 ***1500.00
			000002847970--7 -04/22/99--01089--022 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Ralph M. Boyd
2280 N. 9th Avenue
Pensacola, Florida 32503

Name

Vincent J. Whibbs, Jr.
Street Address (P.O. Box Number is Not Acceptable)

421 N. Palafox Street
Suite, Apt. #, Etc.

City
Pensacola

State Zip Code
FL 32501

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

REGISTERED AGENT MUST SIGN

Date

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:

DR. Ralph M. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Apr 99 (850) 433-3234
Date Daytime Phone #