

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN -2 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M79245

1. Corporation Name

OCEANA HOMES, INC.

Principal Place of Business

Mailing Address

~~11983 N. TAMiami TRAIL~~
~~SUITE 136~~
~~NAPLES FL 33963~~
US

11983 N. TAMiami TRAIL
~~SUITE 136~~
NAPLES FL 33963
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 10580

P.O. Box 10580

City & State

City & State

NAPLES, FLORIDA

NAPLES, FLORIDA

Zip

Country

Zip

Country

34101 U.S.

34101 U.S.

5. FEI Number

65-0069611

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)

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
D	SHAVE, MAURICE F.	11983 N. TAMiami TR., STE. 136	NAPLES FL

800002351068--2
-01/06/98--01065--014
***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAVE, MAURICE F.
11983 N. TAMiami TR.
~~SUITE 136~~
NAPLES FL 33963

Name

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

21 BLUEBILL AVE

Suite, Apt. #, Etc.

B201

City

NAPLES

State

FL

Zip Code

34108

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

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-97

CR2E040 (8/97)