

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 19 AM 11:55

DOCUMENT # *N00000007356*

1. Corporation Name

Oakland Centre Landowners' Association, Inc.

2. Principal Office Address

16123 W. Colonial Drive

Suite, Apt. #, etc.

3. Mailing Office Address

16123 W. Colonial Drive

Suite, Apt. #, etc.

City & State

Oakland, Florida

City & State

Oakland, Florida

Zip

34787

Country

USA

Zip

34787

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/00

5. FEI Number

59-3733121

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

Alberto S. Bustamante, III

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

255 S. Orange Avenue, 17th Floor

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Date

12/05/03

REGISTERED AGENT MUST SIGN

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
D	Charles S. Butts, III	500 N. Maitland Avenue, #313	Maitland, Florida 32751
D	Tom Sidel	500 N. Maitland Avenue, #313	Maitland, Florida 32751
D, P, S	Wyndell T. Kern	16123 W. Colonial Drive	Oakland, Florida 34787

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 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

12/05/03

Date

(407) 905-9330

Daytime Phone #

CR2E081 (10/02)