

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 11 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002412

1. Corporation Name

Wekiva Ridge Oaks H.O.A.

04/24/07 90010 040 75

100116456511
01/30/08--01032--001 **75.00
CR2E081 (12/07)

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

214 Bronze leaf Ct.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

3. Mailing Office Address

214 Bronze leaf CT.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/2001

5. FEI Number

59-3749384

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

Maryam Dori

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

214 Bronze Leaf Ct.

Suite, Apt. #, Etc.

n/a

City

Apopka

State

FL

Zip Code

32703



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

Maryam Dori

REGISTERED AGENT MUST SIGN

Date

1-8-08

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
DS	Maryam Dori	214 Bronze Leaf Ct.	Apopka, FL 32703
VD	Don Dingee	2024 Golden Ivy	Apopka, FL 32703
S	Deborah Pettit	2031 Golden Ivy	Apopka, FL 32703
	RLH		

REINSTATEMENT 0108

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:

Maryam Dori

MARYAM DORRI

Date

1-8-08

Daytime Phone #

407-464-822