

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003944**

1. Corporation Name

**OAKLAND ESTATES RESIDENTS ASSOCIATION INC.**

Principal Place of Business

4871 NW 39TH ST  
LAUDERDALE LAKES FL 33319

Mailing Address

4871 NW 39TH ST  
LAUDERDALE LAKES FL 33319

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

06/05/2001

5. FEI Number

651073699

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FRANCIS, HIXFORD	4871 NW 39TH ST	LAUDERDALE LAKES FL 33319
<del>MD</del>	<del>KENNEDY, CAROLYN</del> Reggy Spence	<del>4395 NW 42ND TERR</del> 4632 NW 39th St	<del>LAUDERDALE LAKES FL 33319</del> Lauderdale Lakes 33319
<del>MD</del>	ESDELL, BEATRICE	5010 NW 41 CT	LAND LAKES FL 33319
<del>MD</del> Sec.	BRADLEY, PHILIP Sandra Davey	<del>3820 NW 41ST WAY</del> 4160 NW 45 Ter	<del>FT LAUDERDALE FL 33319</del> Lauderdale Lakes 33319

8. Name and Address of Current Registered Agent

FRANCIS, HIXFORD  
4871 NW 39TH ST  
LAUDERDALE LAKES FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10008863811

11/07/02 01037 000 \*\*61.25

FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Booth Estate*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/29/02

11. 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

*Francis*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR2E040 (8/02)



Oakland  
Estates  
Residents Association

4871 North West 39th Street, Lauderdale Lakes, Florida 33319

OCTOBER 29, 2002

TO WHOM IT MAY CONCERN

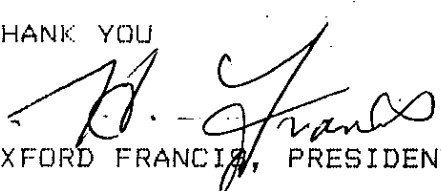
WE DID NOT RECIEVED ANY NOTICE IN REFFERENCE TO A ANNUAL REPORT FOR  
2002. FOR CORPORATION- OAKLAND ESTATES RESIDENTS ASSOCIATION INC.

DOCUMENT NUMBER - NO1000003944.

IF YOU HAVE ANY QUESTION PLEASE FEEL FREE TO CALL. 954 735-2326.

ENCLOSE IS A CHECK FOR \$61.25.

THANK YOU

  
HIXFORD FRANCIS, PRESIDENT