

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 DEC 27 AM 8:10

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004597

1. Corporation Name

SPANISH OAKS HOMEOWNERS' ASSOCIATION OF ST. AUGUSTINE, INC.

Principal Place of Business

309 WHITEHEAD STREET  
KEY WEST 33040

Mailing Address

309 WHITEHEAD STREET  
KEY WEST 33040



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

2. New Principal Office Address, If Applicable

530 Whitehead Street

3. New Mailing Office Address, If Applicable

P.O. Box 126

Suite, Apt. #, etc.

00000000

Suite, Apt. #, etc.

City & State  
Key West FL

City & State  
Key West FL

Zip  
33040

Country  
MONROE

Zip  
33041-0126

Country  
MONROE

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2001

5. FEI Number

65-1123826

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
D	OVERBY, JON JEFFERSON	530 WHITEHEAD STREET 530	KEY WEST FL 33040
D	GOODE, SANCHEZ	811 GERONA ROAD	ST. AUGUSTINE FL 32086
D	GOODE, GUERRY	511 W. BAKER STREET	AHOSKIE NC 27910

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8. Name and Address of Current Registered Agent

JONES, KATHERINE G  
780 N. PONCE DE LEON BLVD.  
ST. AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

Jon J. Overby

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

530 Whitehead Street

Suite, Apt. #, Etc.

Suite 201

City

Key West

State

FL

Zip Code

33040

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12-20-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-296-7960  
12-20-02

CR2E040 (8/02)

SPANISH OAKS HOMEOWNERS' ASSOC.  
OF ST. AUGUSTINE, INC  
P. O. BOX 126  
Key West, FL 33041-0126

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Reinstatement of not for profit

To whom it may concern:

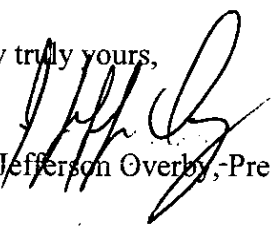
Enclosed please find our homeowners' association check #0093 for payment for reinstatement for the year 2002.

After checking with our former registered agent and our directors I can confirm that we never received any notices for renewal or any other notices advising us that we had failed to renew until we recently received this one.

Because we did not receive any prior notice and as we are a not for profit corporation, please waive the reinstatement penalty/fee.

If you need any further information, please contact me at the above address or my cell 305-304-5900. Thank you.

Very truly yours,

  
- Jon Jefferson Overby, President and Director