

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005412

1. Corporation Name

The Oaks at Wildwood Condominium Association, Inc.

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

741 A1A Beach Boulevard

3. Mailing Office Address

741 A1A Beach Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip
32080

Country
USA

Zip
32080

Country
USA

REINSTATEMENT 05-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/1/2001

5. FEI Number

☒ 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
Katherine G. Jones

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

780 North Ponce de Leon Boulevard

Suite, Apt. #, Etc.

City
St. Augustine

State
FL

Zip Code
32084

☐ 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**

Katherine G. Jones

REGISTERED AGENT MUST SIGN

Date 7/3/07

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	James Hays	741 A1A Beach Boulevard	St. Augustine, FL 32080
D	Stephen A. Griffith	741 A1A Beach Boulevard	St. Augustine, FL 32080
D	Daniel Lang	741 A1A Beach Boulevard	St. Augustine, FL 32080

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:

James Hays

James Hays, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/07

Daytime Phone #

(904) 471-9259