

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 30 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500039739195
07/30/04--01069--003 **297.50

DOCUMENT # *N02000009296*

1. Corporation Name
*Oakley Place Homeowners
Association of Manatee County*

2. Principal Office Address
3974 Tampa Road

Suite, Apt. #, etc.
Suite B

City & State
Oldsmar FL

Zip Country
34677 USA

3. Mailing Office Address
3974 Tampa Rd

Suite, Apt. #, etc.
Suite B

City & State
Oldsmar FL

Zip Country
34677 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida *10/28/02*

5. FEI Number
20-0907642

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Melrose Management Group

Street Address (P.O. Box Number is Not Acceptable)
3974 Tampa Road B

Suite, Apt. #, Etc.
Suite B

City
Oldsmar

State Zip Code
FL *34677*

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
[Signature]

REGISTERED AGENT MUST SIGN

Date *6/30/04*

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 |
|--------|-----------------------------------|--|------------------------------|
| PP | <i>Michael Storey</i> | <i>100 Tampa Oaks Blvd</i> | <i>Temple Terrace, 33637</i> |
| VP | <i>Nancy Reynolds</i> | <i>100 Tampa Oaks Blvd</i> | <i>Temple Terrace, 33637</i> |
| STP | <i>Brad Foster</i> | <i>100 Tampa Oaks Blvd</i> | <i>Temple Terrace, 33637</i> |
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6/30/04*

Daytime Phone # *407-228-4181*