

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 23 10:28

DOCUMENT # N03000003671

1. Corporation Name

Savannah Oaks Property Owners' Association, Inc.

2. Principal Office Address

37837 Meridian Avenue

3. Mailing Office Address

Post Office Box 2337

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Dade City, Florida

City & State

Dade City, Florida

Zip

33525

Country

USA

Zip

33526-2337

Country

USA

REINSTATEMENT

06

4. Date Incorporated or Qualified
To Do Business in Florida

April 30, 2003

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

Leonard H. Johnson

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

37837 Meridian Avenue

Suite, Apt. #, Etc.

Suite 100

City

Dade City

State

FL

Zip Code

33525

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

Leonard H. Johnson

REGISTERED AGENT MUST SIGN

Date October 18, 2006

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	Leonard H. Johnson	37837 Meridian Ave., Suite 100	Dade City, FL 33525
D	Jack L. Cook	13005 Thoroughbred Drive	Dade City, FL 33525
D	Jonathan L. Auvil	37837 Meridian Avenue, Suite 100	Dade City, FL 33525

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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 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:

Leonard H. Johnson

October 18, 2006

(352) 567-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #