

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 16 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000006588

1. Corporation Name

GRAND OAK ESTATES PROPERTY OWNERS'
Association, Inc.

000160686370
09/15/09--01032--008 **183.75

REINSTATEMENT 07-09

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

13465 N. INDIAN RIVER DR

3. Mailing Office Address

13465 N. INDIAN RIVER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

Zip

32958

Country

Zip

32958

Country

4. Date Incorporated or Qualified To Do Business in Florida 08/01/2003

5. FEI Number 20-0327855

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
HESS, DANIEL P

Street Address (P.O. Box Number is Not Acceptable)
13465 N. INDIAN RIVER DR

Suite, Apt. #, Etc.

City
SEBASTIAN

State
FL

Zip Code
32958

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

[Signature]

Date 08/31/09

REGISTERED AGENT MUST SIGN

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
PD	HESS, DANIEL P	13465 N. INDIAN RIVER DR	SEBASTIAN FL 32958
D	HESS, LISA A	13465 N. INDIAN RIVER DR	SEBASTIAN FL 32958
VTSD	O'REILLY, STEPHEN R	13465 N. INDIAN RIVER DR	SEBASTIAN FL 32958

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/09
Date

772-581-1989
Daytime Phone #