PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (12/05)

DOCUMENT # N05907

1. Corporation Name

Oak Ridge Park Lot Owners' Association, Inc.

2. Principal Office Address	3. Mailing Office Address
8991 Daniels Center Drive	8991 Daniels Center Drive
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc. Suite 103
City & State Fort Myers, Florida	City & State Fort Myers, Florida
Zip 33912 Country USA	Zip 33912 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/29/1984

5. FEI Number 650070745 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 [illegible]

7. Name and Address of Current Registered Agent

Name: Mark McCleary

Street Address (P.O. Box Number is Not Acceptable): 8991 Daniels Center Drive

Suite, Apt. #, Etc.: Suite 103

City: Fort Myers | State: FL | Zip Code: 33912

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: Mark McCleary Date: _____
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	Mark McCleary	8991 Daniels Center Drive	Fort Myers/Florida/33912
VPD	Jim Glase	8991 Daniels Center Drive	Fort Myers/Florida/33912
STD	Dr. David C. Brown	8991 Daniels Center Drive	Fort Myers/Florida/33912
		$7 12/18	

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: Jim Glase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #