

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # U06000011916

1. Corporation Name

Southern Oaks  
Homeowners Association  
of Tallahassee, INC.

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

113 E. College Ave

Suite, Apt. #, etc.

STE 200

City & State

Tallahassee, FL

Zip

32301

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/06

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

Michael J. Rogers

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

113 E. College Ave

Suite, Apt. #, Etc.

STE 200

City

Tallahassee

State

FL

Zip Code

32301

700217743967  
01/10/12--01012--024 \*\*1075.00

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 1/10/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DPS    | Michael J. Rogers                    | 113 E. College Ave<br>STE 200                     | Tall, FL 32301     |
| DVT    | Jeffrey J. Hittenger                 | 113 E. College Ave<br>STE 200                     | Tall, FL 32301     |
|        |                                      |   |                    |

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/12 850-566-2560

FILED

12 JAN 10 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA