

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 12: 54

DOCUMENT # **N07886**

1. Corporation Name

OVEROAKS PHASE I OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741

10610 METRIC DR
STE 190
DALLAS TX 75243
US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2509156

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NOBLE, R. EDWARD	4100 ENCHANTED OAKS CIRCLE	KISSIMMEE FL 34741
VTD	KIDD, ANDREW E	4100 ENCHANTED OAKS CIRCLE	KISSIMMEE FL 34741
SD	HAWLEY, TIM	1714 GOLFVIEW DR	KISSIMMEE FL 34746

100002500691--4
-12/13/00--01114--027
***236.25 ***236.25

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIDD, ANDREW E.
4100 ENCHANTED OAKS CIRCLE
KISSIMMEE FL 34741

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Andrew E. Kidd
REGISTERED AGENT MUST SIGN

Date

11-28-2000

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., 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 of R. Edward Noble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/00

Daytime Phone #

407-925-1500

CR2E040 (8/00)