

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 JUN 12 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N08000000247*

1. Corporation Name

Verda Oaks Plantation HOMEOWNERS ASSOCIATION, INC.

900248860709
06/13/13--01003--014 **358.75

2. Principal Office Address - Not P.O. Box #

4708 Capital Cir N.W.

3. Mailing Office Address

The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

FL

Zip

32303

Country

U.S.A

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

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

Behzad Ghazvini

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

4708 Capital Cir N.W.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

REINSTATEMENT

2011-2013

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

Behzad Ghazvini

REGISTERED AGENT MUST SIGN

Date *6-12-13*

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
<i>Pres.</i>	<i>Behzad Ghazvini</i>	<i>4708 Capital Cir N.W.</i>	<i>TALLA, FL 32303</i>

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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Behzad Ghazvini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/13

Date

Daytime Phone