PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APPROVE APPROVE FLORIDA DEPARTMENT OF STATE							
AP	PLICATION 🥒	FLORI				APPROVEL _AND	
	FOR		Sandra B. Mo Secretary of		ļ	FILED	
REIN	ISTATEMENT	ETE !	DIVISION OF CORPO			∢98 DEC -1 PH 3: 57	
DOCUMENT # N14707						SECOND 1 FM 3: 57	
1. Corporation Name					-	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
OX BOW PROPERTY OWNERS ASSOCATION, INC.						- LONIUA	
Principal Place of Business Mailing Add			fress			Pî (1211 6181) 1981) 281); 1881 6181 8181) 8181) BIBN BIBN BIBN BIBN	
7138 OX BO TALLAHASS US	OW CIRCLE SEE FL 32312						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					EINS	TATEMENT 98	
1402	incipal Office Address, If Applicable White Star Lave		New Mailing Office Address, If Applicable 02 いんけとStar Lane		Date Incorp To Do Busin	orated or Qualified ness in Florida 04/30/1986	
Suite, Apt. #, etc.			at. #, etc.		5. FEI Numbe	Applied For	
City & state Tallahassee, Florida Tall			nassee, Florida 6			NOT APPLICABLE Not Applicable	
72312 Country A Zip 323			Count		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)							
Title(s)	Name of Officers and/or Directors 3 (Do			reet Address of Each fficer and/or Director se Post Office Box Nu		City / State / Zip	
PD	WARNER, ANDY Rob Henlerson	7125-OX BOW CIRCLE			TALLAHASSEE FL , 32312		
933 - _S	SWEELEY, MAYNARD E. 5 Debra Lachter			BOW CIRC	LLE	TALLAHASSEE FL , 32312	
VD	D BROWN, MARILYN John Wolford			IR BOW CI	_	TALLAHASSEE FL , 32312	
TD	TD Robert A. Campbell, Jr. 1402 White Starks					Tallahassee, Fl. 32312	
				000027032804 -12/04/9801067004 *****236.25 *****2 78. 25			
						*****236.25 *****27.25	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
SWEELEY, MAYNARD E. Kober Street Address (P.C.					TA_Can	mpbell, 17	
7138 OX BOW CIRCLE 1402 W					hite St		
TALLA MODIL 1 E 32312							
10. I being	annointed the registered agent of the	ahove named com	oration am familias :	City Tallah	(alle e	State Zip Code FL 323 2	
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 REGISTERED AGENT MUST SIGN Date //-29-98							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)							
12. 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: PLANT TYPED OF PRINTED TAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							