

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 27 AM 9:48

DOCUMENT # *N15778*

1. Corporation Name

Oak Park Homes of Tampa Condominium Associa

100158929111
07/27/09--01040--017 **726.25

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REINSTATEMENT 01-09

2. Principal Office Address - No P.O. Box #
403-405 S. Arrawana Ave.

3. Mailing Office Address
6153 30th Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
St. Petersburg, FL

Zip Country
33609 US

Zip Country
33712 US

4. Date Incorporated or Qualified
To Do Business in Florida 07/09/1986

5. FEI Number
592774788

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
Ryan Rooth

Street Address (P.O. Box Number is Not Acceptable)
6153 30th Street South

Suite, Apt. #, Etc.

City
St. Petersburg

State Zip Code
FL 33712

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 7/23/09

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
P/T/D	Ryan Rooth	6153 30th Street South	St. Petersburg, FL 33712
S/D	Melissa Caraminas	405 S. Arrawana Ave. #6	Tampa, FL 33609
D	Mary Jo McCallie	10501 Sago Rd.	Tampa, FL 33618

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ryan P. Rooth Pres. 7/23/09 727-867-4245