

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -5 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16605

1. Corporation Name

Sixty Oaks Homeowners' Association, Inc.

700142932897
02/05/09--01039--025 **358.75

REINSTATEMENT 02-09

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

5976 20th Street

3. Mailing Office Address

5976 20th Street

Suite, Apt. #, etc.

#218

Suite, Apt. #, etc.

#218

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32966

Country

US

Zip

32966

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1986

5. FEI Number

592737781

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

Lisa N. Thompson

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

756 Beachland Boulevard

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

☐ 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 1/30/09

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/D	Jody Owens	5976 20th Street, #218	Vero Beach, FL 32966
T/D	Lynn Dvorak	5976 20th Street, #218	Vero Beach, FL 32966
S/D	Ann Cappelan	5976 20th Street, #218	Vero Beach, FL 32966
VP/D	Carol Penney	5976 20th Street, #218	Vero Beach, FL 32966

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:

Jody A. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/09
Date

772-569-5650
Daytime Phone #