FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 JUN -8 PM 12:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18000010576 4

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06/08/21--01019--005 **235.25

1 Corporation Name
Homeowners Association of Southern OAKS, INC.

2 Principal Office Address - No P.O. Box
2970 University Pkwy E

3 Mailing Office Address
same

Suite, Apt. # etc
Ste 101

Suite, Apt. # etc

City & State
Sarasota

City & State

Zip
34243

Country
USA

Zip

County

CR2E091 (11/19)

4 Date Incorporated or Qualified To Do Business in Florida
10/03/18

5 FEI Number
83-2578877

Applied For
Not Applicable

6 DEPT. OF STATE DOCS DESIRED

7 Name & Address of Current Registered Agent

Name
Access Management

Street Address (P.O. Box Numbers Not Acceptable)
2970 University Parkway E. Ste 101

Suite, Apt. # etc

City
Sarasota FL

State
FL

Zip Code
34243

8 I hereby certify that I am familiar with and accept the obligations of section 607.0502 or F.S. 617.1503 F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date
5/27/21

9 Name & Address of Current Officers and/or Directors (Attach additional sheet if necessary)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ryan Zook	2970 University Pkwy E 101	Sarasota, FL 34243
VP	John E Snyder	same	same
Tr, Sec	Joe Burgess	same	same

10 E-mail Address: southernoaks@accessdifference.com
(To be used for future annual report notification)

11 I certify that an officer or director of the reviver or I later empowered to execute this application as provided for in section 607.1403 F.S. (Profit) or 617.1403 F.S. (Not for Profit) and that all fees owed by the corporation have been paid. I further certify that 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: Ryan Zook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
5/25/21

Daytime Phone #

JUN 08 2021

R. HUNT