

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1662

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 22 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25667

1. Corporation Name

OYSTER BAY HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT

03-05
MM 2/28

2. Principal Office Address

1520 Blue Point Ave

Suite, Apt. #, etc.

102

City & State

Naples, Florida

Zip

34102

Country

US

3. Mailing Office Address

1520 Blue Point Ave

Suite, Apt. #, etc.

102

City & State

Naples, Florida

Zip

34102

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/30/1988

5. FEI Number

65-0432277

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

Michael F. Stephen

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

1520 Blue Point Ave

Suite, Apt. #, Etc.

#102

City

Naples

State

FL

Zip Code

34102

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2.19.05

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
PTD	Michael F. Stephen	1520 Blue Point Ave #102	Naples, FL 34102
VPD	Kathy Thomas	1520 Blue Point Ave #101	Naples, FL 34102
SD	Jill Stephen	1520 Blue Point Ave #102	Naples, FL 34102

200047510638
03/01/05--01056--017 **183.75

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

2.19.05

239-643-2324

Daytime Phone #

Ext 113

CR2E081 (01/05)

2012

*OYSTER BAY HOMEOWNERS
ASSOCIATION, INC.*

February 18, 2005

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Oyster Bay Homeowners Association, Inc.
Documents No. N25667

Gentlemen:

We did not receive the Uniform Business Report form for 2003 for Oyster Bay Homeowners Association, Inc. and request reinstatement of the corporation. Please waive the reinstatement late fees.

Enclosed is the completed and signed Corporation Reinstatement form with our check No. 5131 in the amount of \$183.75.

Thank you.

Sincerely,



Michael F. Stephen
President

Enclosures