

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/21/09--01028--002 **122.50

DOCUMENT # N 26745

1. Corporation Name

Oak Springs Homeowners Assoc., Inc.

REINSTATEMENT 08-09

CR2E081 (12/08)

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

12 Highland

Suite, Apt. #, etc.

3. Mailing Office Address

19 Kristine Dr.

Suite, Apt. #, etc.

City & State

Sorrento, FL.

City & State

Sorrento

Zip

32776

Country

Lake

Zip

32776

Country

Lake

4. Date Incorporated or Qualified
To Do Business in Florida

6/02/1988

5. FEI Number

592904109

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

James Green

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

85 Hillsborough Dr.

Suite, Apt. #, Etc.

City

Sorrento

State

FL

Zip Code

32776

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

James Green
REGISTERED AGENT MUST SIGN

Date 10-13-09

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. | Mary DeVincenzo | 63 Hillsborough Dr | Sorrento, FL 32776 |
| V.P. | Jeanne Darda | 19 Kristine Dr | Sorrento, FL 32776 |
| Secy Treas. | Carole Rothrock | 19 Kristine Dr | Sorrento, FL 32776 |
| | | | |
| | | | |
| | | | |

10/21

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:

Carole Rothrock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-383-5131

Daytime Phone #