

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30881

1. Corporation Name

Grande Oaks Farm Homeowners Association, Inc.

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

1014 Bushwood Drive

3. Mailing Office Address

P.O. Box 467

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Cantonment, FL

Zip

32533

Country

USA

Zip

32533

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1989

5. FEI Number

59-3163518

☐ 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

Suzanne Blankenship

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

139 E. Government Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

REINSTATEMENT

10-12

100226554831

03/29/12--01002--010 **358.75

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 3-26-12

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	Elizabeth R. Rich	905 Brandermill Drive	Cantonment, FL 32533
VP	Joseph H. Adkins	1014 Bushwood Drive	Cantonment, FL 32533
T	Ingrid Corbett	1015 Brandermill Drive	Cantonment, FL 32533
S	Wendy S. Adkins	1014 Bushwood Drive	Cantonment, FL 32533

MAR 29 2012

R. HUNT

10. E-mail Address: adkinsjoeh@hotmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:

JOSEPH ADKINS (VP)

3/21/2012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-629-4041