PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30089

1. Corporation Name
The OAKS Preserve MANAGEMENT Association, Inc.

Principal Place of Business

Mailing Address
W97-10794

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3174 Gulf of Mexico Dr
Suite, Apt. #, etc.
City & State
Longboat Key, FL
Zip
34228
Country
USA

3. New Mailing Office Address, If Applicable
P.O. Box 9364
Suite, Apt. #, etc.
City & State
Longboat Key FL
Zip
34228
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
57-0884474
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
P/D	Gary Johnson	1583 Ridgewood Lane	Sarasota, FL 34231
V/D	Dr. Stryker	17 Bayhead Road	Osprey, FL 34229
S/T/D	Mary Kelly	8033 Main Street #104	Sarasota, FL 34237

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****358.75 ****358.75

REINSTATEMENT 95-97
AR 1-7-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
Kevin Callans
Street Address (P.O. Box Number is Not Acceptable)
3174 Gulf of Mexico Dr.
Suite, Apt. #, Etc.
City
Longboat Key
State
FL
Zip Code
34228

CR2E040 (12/96)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 6-19-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. 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
6/4/97
Date
941 954-0355
Daytime Phone #