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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 30 PM 2:36

DOCUMENT # **N31864**

1. Corporation Name

OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FRANK D. UPCHURCH, III 780 N. PONCE DE LEON BLVD ST. AUGUSTINE FL 32084	% FRANK D. UPCHURCH, III P. O. DRAWER 3007 ST. AUGUSTINE FL 32085 US

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/21/1989

5. FEI Number: 59-2947005 ☐ 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
T	DIMARE, FRANK	3545 U.S. 1 SOUTH	ST. AUGUSTINE FL
T	ARNOLD, MIKE	4172 CREEKBLUFF DR.	ST AUGUSTINE FL
T	WADSWORTH, LEWIS E., III	411 WOODBLUFF TERR	ST. AUGUSTINE FL
T	UPCHURCH, FRANK D., III	4148 CREEKBLUFF DR	ST. AUGUSTINE FL
T	MCCARTY, A. OBIE	4112 CREEKBLUFF DR.	ST. AUGUSTINE, FL
T	SHRADER, JOHN G.	4135 CREEKBLUFF DR.	ST. AUGUSTINE, FL
T	LYONS, JERIMIAH	5115 CRESCENT TECH COURT	ST. AUGUSTINE, FL

8. Name and Address of Current Registered Agent

UPCHURCH, FRANK D., III
780 N. PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name

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

700002341827--3
-11/07/97--01091--002
****236.25 ****236.25

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/97)

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: Frank D Upchurch III

REGISTERED AGENT MUST SIGN

Date: 10/28/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Frank D Upchurch III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/28/97

Daytime Phone #: 904 829 2414