

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N32918

1. Corporation Name

Oak Hammocks Association, Inc.

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

8379 SW Bent Oak Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

8379 SW Bent Oak Ct.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34997

Country

USA

Zip

34997

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1989

5. FEI Number

47-5620044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Donald W. Zimmerman, jr.

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

8379 SW Bent Oak Ct.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

100280546321  
01/04/16--01008--026 \*\*1776.25

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 12/30/2015

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
President/Dir	James J. Hunter	8401 SW Bent Oak Ct.	Stuart, FL 34997
VP/Sec/Dir	Donald W. Zimmerman, jr.	8379 SW Bent Oak Ct.	Stuart, FL 34997
Treas./Dir	Gerald Turner	8335 SW Bent Oak Ct.	Stuart, FL 34997

10. E-mail Address: rojphun@yahoo.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/2015

772-781-0737

Date

Daytime Phone #

RG 1/5/16