

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**N37524**

1. Corporation Name

**Ox Bottom Road Area Neighborhood  
ASSOCIATION, INC.**

2. Principal Office Address

**2485 Ox Bottom Rd**

Suite, Apt. #, etc.

**40 Candy Barrios**

City & State

**TALLAHASSEE, FL**

Zip

**32312**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**1990**

5. FEI Number

**59-3000193**

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

**CANDY BARRIOS**

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

**2485 Ox Bottom Road**

Suite, Apt. #, Etc.

City

**TALLAHASSEE**

State  
**FL**

Zip Code

**32312-3556**

**900003161388-6**

**-03/08/00--01011--007**

**\*\*\*\*\*297.50 \*\*\*\*\*297.50**

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

**C. A. Barrios**

Date

**2/24/00**

REGISTERED AGENT MUST SIGN

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
CHAIRPERSON	MARSHALL CASSEDY	7098 CHIMNEY SWIFT	TLH, FL 32312
VICE CHAIRPERSON	CANDY BARRIOS	2485 Ox Bottom Rd	TLH, FL 32312
SECRETARY	JEFF MANOEL	1896 Ox Bottom Rd	TLH, FL 32312
TRES.	MARY ANNE KOEPEL	7047 DARDWOOD LANE	TLH, FL 32312

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 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:

**C.A. BARRIOS** **C. A. Barrios**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/24/00** **850-893-2485**

Daytime Phone #

CR2E081 (9/99)