

236.25

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 APR -3 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N38569

1. Corporation Name

RIVER OAK PLANTATION, PHASE I ASSN, INC.

2. Principal Office Address

1970 MICHIGAN AVE, STE C

3. Mailing Office Address

1970 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C

City & State

City & State

COCOA FL

COCOA FL

Zip

Country

Zip

Country

32922

US

32922

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1990

5. FEI Number

59-3069940

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

SOILEAU JOHN L

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

1970 MICHIGAN AVE

Suite, Apt. #, Etc.

SUITE C

City

COCOA

500003225845-6

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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.

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Signature of
Registered Agent

JOHN L. SOILEAU

Date 3/14/00

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
PD	SAUNDERS, TIM	370 OAK LAKE PL.	MERRITT IS FL 32953
VPD	MCCOY, DAVE	3330 SPARTINA DR.	MERRITT IS FL 32953
STD	SOILEAU, SHEILA	3320 HORSE TRAIL CT.	MERRITT IS FL 32953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR/TREAS/SELY

MARCH 2000

Date

Daytime Phone #

CR2E081 (9/99)