

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAR -4 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 1147256

1. Corporation Name

AUBURN OAKS PROPERTY OWNERS ASSOCIATION INC

REINSTATEMENT

1994-2002

2. Principal Office Address

1518 AUBURN OAKS CIR

Suite, Apt. #, etc.

AUBURNDALE

City & State AUBURNDALE,
FLORIDA

Zip

33823

Country

US

3. Mailing Office Address

1518 AUBURN OAKS CIR

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

Zip

33823

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2-7-92

5. FEI Number

59-3173676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

GORDON OPITZ

200005134042--8

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

1518 AUBURN OAKS CIR

-03/19/02--01044--001

****726.25 ****726.25

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

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

Gordon Opitz

REGISTERED AGENT MUST SIGN

Date 2/10/02

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
<u>PD</u>	<u>GORDON OPITZ</u>	<u>1518 AUBURN OAKS CIR</u>	<u>AUBURNDALE, FL 33823</u>
<u>VD</u>	<u>RAYMOND PINNER</u>	<u>1531 AUBURN OAKS CIR</u>	<u>AUBURNDALE, FL 33823</u>
<u>STD</u>	<u>MARK BROCCO</u>	<u>1527 AUBURN OAKS CIR</u>	<u>AUBURNDALE, FL 33823</u>

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:

Gordon Opitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 863-644-8045

Date

Daytime Phone #

CR2E081 (9/01)