

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
~~Matthew H. ...~~  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP -5 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100007734721--8  
-09/13/02--01052--002  
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DOCUMENT # *N 93000003994 (1)*

**1. Corporation Name**

*Shadow Oak Homeowners Association  
OF Okaloosa County, Inc*

**2. Principal Office Address**

*2185 Highway 81 N  
Westville, FL 32464*

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address**

*2185 Highway 81 N  
Westville FL 32464*

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*09/01/1993*

**5. FEI Number**

*59-3246412*

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

*Gillman Carl*

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

*2185 Highway 81 N*

Suite, Apt. #, Etc.

City

*Westville*

State

*FL*

Zip Code

*32464*

**REINSTATEMENT**

*98-02*

**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

*Carl Gillman*

Date *8-20-02*

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
P/D	<i>Gillman Carl (D)</i>	<i>2185 Highway 81 N</i>	<i>Westville, FL 32464</i>
V/D	<i>Thomas Mildred (D)</i>	<i>P.O Box 193 N/A</i>	<i>Bagdad, FL 32530</i>
S/D	<i>Gillman Gregory B (D)</i>	<i>2187 Highway 81 N</i>	<i>Westville, FL 32464</i>

**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:

*Carl Gillman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl Gillman*

*8-20-02 850-956-1201*

Date

Daytime Phone #

CR2E081 (9/01)