

**CORPORATION
REINSTATEMENT**



FILED

12 APR -2 AM 11: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002242 ^{creation}
1. Corporation Name
Big Oaks Owner Assⁿ Inc.
N94000002242

2. Principal Office Address - No P.O. Box # <u>6 Big Oaks - Bluff Rd</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>6 Big Oaks Bluff Rd</u> Suite, Apt. #, etc.
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CR2E081 (11/10)

City & State		City & State	
Agalachicola, Fl.		Agalachicola, Fl.	
Zip	Country	Zip	Country
32320	FRANKLIN	32320	FRANKLIN

4. Date Incorporated or Qualified
To Do Business in Florida 11-1-1984

5. FEI Number	<input type="checkbox"/> Applied For
59-2822257	<input type="checkbox"/> 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 DINA HAMILTON
Street Address (P.O. Box Number is Not Acceptable)
6 BIG OAKS - BLUFF RD.
Suite, Apt. #: Etc.

400224029584
03/08/12--01015--024 **297.50

City	State	Zip Code
Apalachicola	FL	32320

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 Dana Hamilton
REGISTERED AGENT MUST SIGN

Date 3-19-2012

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	Dina Hamilton	6 Big OAKS Bluff Rd	Agauchicola, FL 32350
VP/D	James Hamilton	6 Big Oaks Bluff Rd	Agauchicola, FL 32320
S/D	Frances V. Merritt	36 Cedar Lane	Phoenix City, AL 36869
		DECLARATION	APR 02 2012
		STATEMENT 11-12	T. SCOTT

10. E-mail Address: N/A

(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: Diana Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-2012 8506538213

Date _____ Daytime Phone # _____