PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2014-2016

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 APR 21 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000002242

1. Corporation Name
Big OAKS Owner Ass. Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6 Big OAKS Rd	6 Big OAKS Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apalachicola FL	City & State: Apalachicola FL
Zip: 32320 County: FRANKLIN	Zip: 32320 County: FRANKLIN

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 11-6-1984

5. FEI Number: 59-2822257 ☐ 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: DINA HAMILTON
Street Address (P.O. Box Number is Not Acceptable): 6 Big OAKS Rd
Suite, Apt. #, etc.:
City: Apalachicola State: FL Zip Code: 32320

200284873692
04/21/16--01013--013 **61.25

200284873692
04/21/16--01013--012 **87.50

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: Dina Hamilton Date: 4-14-2016
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	DINA HAMILTON	6 Big OAKS Rd	Apalachicola FL 32320
D/T	JAMES HAMILTON	6 Big OAKS Rd	Apalachicola FL 32320
S/D	FRANCES V MERRITT	36 CEDAR LANE	Phenix City AL 36869

10. E-mail Address: BANKER999@gmail.com
(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: Dina Hamilton 4-14-16 850-653 8213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #