

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 11 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002508**

1. Corporation Name

FOREST OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31425 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

31425 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2621 Enterprise Road
Suite, Apt. #, etc.

2621 Enterprise Road
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1994

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
D/T	Thomas L. Heironimus	2621 Enterprise Road	Clearwater FL 33761
D/P	GARY W. CRAFT	2621 Enterprise Road	Clearwater FL 33761
D/S	LEONARD LENTZ	2621 Enterprise Road	Clearwater FL 33761

REINSTATEMENT 95-97
A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TURTZO, CRAIG
890 FLORIDA AVENUE
PALM HARBOR FL 34683

Name

C. Michael Mackenzie

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

2424 Enterprise Road

Suite, Apt. #, Etc.

Suite F

City

Clearwater

State

FL

Zip Code

33763

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

C. Michael Mackenzie
REGISTERED AGENT MUST SIGN

Date 8/6/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Thomas L. Heironimus
Director

08/04/97

813-712-9512

CR2504 (6/95)