

PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 10, 2008 8:00 A.M
Secretary of State

DOCUMENT # **N9400000 3465**

1. Corporation Name

**OAKLEIGH POINTE UNIT TWO
HOMEOWNERS ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

12914 BEAUTYBERRY CIR S

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

3. Mailing Office Address

P.O. BOX 77473

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32226

Country

USA

REINSTATEMENT 04-08

CR2E081 (10/08)

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

7/14/1994

5. FEI Number

593293439

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

WALTER R. BARNES, III

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

12914 BEAUTYBERRY CIR S

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Walter R Barnes III

REGISTERED AGENT MUST SIGN

Date **10/7/2008**

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
PD	CECIL WILLIAMS	719 SUNKEN MEADOW LANE	JACKSONVILLE, FL 32218
NPTD	JAY WILLIAMS	713 CHESTNUT OAK DR N	JACKSONVILLE, FL 32218
SD	GEORGE GILLIS	675 CHERRY BARK DR N	JACKSONVILLE, FL 32218
D	MICHELLE PATTON	11704 CHERRY BARK DR E	JACKSONVILLE, FL 32218
		600136806446	
		10/10/08--01015--009 **481.25	

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 contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECIL WILLIAMS

10/7/2008 904-208-1488

C/S

Daytime Phone #

10/10