

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 MAY 20 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300181186923
05/21/10--01502--014 **420.00

CR2E081 (4/10)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 794000003644			
1. Corporation Name Oakfair Plantation Homeowners Association, Inc. 9106 Seafair Ln Tallahassee, FL 32311			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent			
Name Robert R. Morris			
Street Address (P.O. Box Number is Not Acceptable) 9134 Seafair Ln			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32317	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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 Robert R. Morris	Date 5/20/10
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
Pres	Robert Morris	9134 Seafair Ln	Tallahassee, FL 32317
Architectural	Jeffery Knill	9110 Seafair Lane	Tallahassee, FL 32317
Treasurer	DAVID KNIGHT	2643 Streetfair Ln	" "
VICED President	PHILLIP M. CORAM	9137 SEAFAIR LN	Tallahassee, FL 32317
Secretary	Eileen Darling	2639 Streetfair Ln	Tallahassee, FL 32317

10. E-mail Address: RRMORRIS@comcast.net
(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., 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.	
SIGNATURE: Robert R. Morris	Date: 5/21/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 219-8835	