

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003102

1. Corporation Name

Oakbridge at Lakeland Condominium Association, Inc

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

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

City & State

SPARKS, MD

Zip

21152

Country

USA

3. Mailing Office Address

910 RIDGEBROOK ROAD

Suite, Apt. #, etc.

City & State

SPARKS, MD

Zip

21152

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1995

5. FEI Number

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

Sternstein, Rainer & Clark, P.A.

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

411 East College Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

REGISTERED AGENT MUST SIGN

Date

6/27/08

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	DANIEL R. BATY	3131 ELLIOTT AVENUE SUITE 500	SEATTLE, WA 98121
SEC	GRANGER COBB	3131 ELLIOTT AVENUE SUITE 500	SEATTLE, WA 98121
TRES	RAYMOND R. BRANDSTROM	3131 ELLIOTT AVENUE SUITE 500	SEATTLE, WA 98121
VP	ERIC MENDELSORN	3131 ELLIOTT AVE #500	SEATTLE WA 98121

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

06.26.08

Date

206.298.2909

Daytime Phone #

ERIC MENDELSON
SVP Corporate Development

B. Mitchell JUN 27 2008