

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -6 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004669  
1. Corporation Name OAK Hammock Estates Association

Inc.

Principal Place of Business Mailing Address  
2310 Sonoma Dr. P.O. BOX 357  
NOKOMIS, FL. 34275 NOKOMIS, FL  
34274

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
2310 Sonoma Dr. P.O. BOX 357 NOKOMIS FL  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
NOKOMIS - FL. NOKOMIS - FL  
Zip Zip Country Country  
34275 Sarasota 34274 Sarasota

4. Date Incorporated or Qualified To Do Business in Florida Oct 2, 1995

5. FEI Number 65-0619032 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ Domestic

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)	City / State / Zip
<u>Dir</u>	<u>Mark I. Caithness</u>	<u>648 Capistrano Dr.</u>	<u>NOKOMIS, FL. 34275</u>
<u>Dir</u>	<u>Paula M. Caithness</u>	<u>648 Capistrano Dr.</u>	<u>NOKOMIS, FL. 34275</u>
<u>Dir</u>	<u>Keith Brown</u>	<u>2438 Sonoma Dr.</u>	<u>NOKOMIS, FL. 34275</u>

1000003107510  
-01/24/00-01011-022  
\*\*\*\*297.50 \*\*\*\*297.50

REINSTATEMENT 98-99

8. Name and Address of Current Registered Agent

David E. Peterson  
200 Capri Isles Blvd.  
Venice, FL. 34292

9. Name and Address of New Registered Agent

Name Mark I Caithness  
Street Address (P.O. Box Number is Not Acceptable)  
648 Capistrano Drive  
Suite, Apt. #, Etc.  
City NOKOMIS State FL Zip Code 34275

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

Mark I Caithness  
REGISTERED AGENT MUST SIGN

Date 12-3-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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

Mark I. Caithness pres. D

Date

Daytime Phone #

12-3-99 (941) 483-929