PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~ FOR 99-00 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
00 APR 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001366

1. Corporation Name

Majestic Oaks Property Owners Association, Inc.

Mailing Address	Principal Place of Business
9101 Ft. King Road Dade City, FL 33525	

REINSTATEMENT 99-00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Post Office Box 1567	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State
Zip: 32302 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 3/9/98 SP

5. FEI Number: Not Applicable ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Frank D. Copeland	9101 Ft. King Road Dade City, FL 33525	Dade City, FL 33525
DVST	Neal B. Hartley	5739 Gall Boulevard	Zephyrhills, FL 33541
D	William E. McGavern	39127 Pretty Pond Road	Zephyrhills, FL 33540

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****297.50 ****297.50

8. Name and Address of Current Registered Agent

Neal B. Hartley
5739 Gall Boulevard
Zephyrhills, FL 33541

9. Name and Address of New Registered Agent

Name: Martin S. Friedman, Esquire
Street Address (P.O. Box Number is Not Acceptable): 2548 Blairstone Pines Drive
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

CR2E040 (8/94)

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: Martin S. Friedman Date: 2.9.00
REGISTERED AGENT MUST SIGN

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: Frank D Copeland 2/3/2000 813-714-8775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #