

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

DOCUMENT # N98000001366

1. Corporation Name

MAJESTIC OAKS PROPERTY OWNERS ASSOCIATION, INC.

7. Chancey Road
37811 Chancey Road

2. Principal Office Address
37811 Chancey Road

3. Mailing Office Address
37811 Chancey Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zephyrhills, Florida

City & State

Zephyrhills, Florida

Zip

33541

Country

USA

Zip

33541

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 03/09/1998

5. FEI Number
N/A

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

RICHARD S. WEBB, IV, ESQ.

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

c/o ICARD, MERRILL - 2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State
FL

Zip Code
34237

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

8/24/04

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
D,P,S,1	Donald F. Winter, Sr.	37811 Chancey Road	Zephyrhills, Florida 33541

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 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:

Donald F. Winter Sr. DONALD F WINTERS R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-11-04 783-3477
813
Daytime Phone #

CR2E081 (01/04)