

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N98000005521

1. Corporation Name

AZALEA OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

3240 GALLOWAY ROAD  
LAKELAND FL 33810

Mailing Address

3240 GALLOWAY ROAD  
LAKELAND FL 33810

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1998

5. FEI Number

59-3433884

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A fee of \$8.75 is 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres - D	E Wayne Jenkins	3240 Galloway Rd	Lakeland, FL 33810-0676
V-Pres - D	Jeff Bagwell	1003 S Florida Ave	Lakeland, FL 33803
Sec - D	Jill McReynolds	1003 S Florida Ave	Lakeland, FL 33803

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JENKINS, ELLIS W  
3240 GALLOWAY ROAD  
LAKELAND FL 33810

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 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

10/20/99

Date

Daytime Phone #

FILED

99 NOV 29 PM 12: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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SP

CP20040 (8/99)