

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 MAR -5 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006909**

1. Corporation Name
Branded Oaks Homeowners Association, Inc

2. Principal Office Address

7120 Oak Bow Circle

Suite, Apt. #, etc.

3. Mailing Office Address

7120 Oak Bow Circle

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32312

Country

USA

Zip

32312

Country

USA

200030462892

03/15/04--01030--003 **420.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/8/98

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 **Robert A. Campbell, Jr.**

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

7120 Oak Bow Circle

Suite, Apt. #, Etc.

City **Tallahassee**

State
FL

Zip Code
32312

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

Robert A. Campbell, Jr.

Date **3/5/04**

REGISTERED AGENT MUST SIGN

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	Robert A. Campbell, Jr.	7120 Oak Bow Circle	Tallahassee FL / 32312

REINSTATEMENT 01-04

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:

Robert A. Campbell, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

850-893-2707

Daytime Phone #

CR2E081 (9/01)