

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 12 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004977

1. Corporation Name

FLORIDA ORACLE APPLICATIONS USER GROUP, INC.

2. Principal Office Address

116 GARDEN GATE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

116 GARDEN GATE DRIVE

Suite, Apt. #, etc.

City & State

PONTE VEDRA FL

Zip

32082

Country

USA

City & State

PONTE VEDRA FL

Zip

32082

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

AUGUST 20, 1999

5. FEI Number

65-0948113

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

NEIL W. VERSTEEG

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

116 GARDEN GATE DRIVE

Suite, Apt. #, Etc.

City

PONTE VEDRA

State

FL

Zip Code

32082

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

*Neil W. Versteeg*

REGISTERED AGENT MUST SIGN

Date 2-6-03

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
C/D	RICHARD BATCHELOR	4555 RIVERSIDE DRIVE	PALM BEACH GARDENS FL 33410
D	TONY PAPA	1188 LINWOOD LOOP	JACKSONVILLE FL 32259
S/D	TAMMY EOINGER	4980 BAYLINE DRIVE	NORTH FT. MYERS FL 33917
T/D	NEIL VERSTEEG	116 GARDEN GATE DRIVE	PONTE VEDRA FL 32082
D	LOUISE ABDULKADER	9319 PINE MEADOWS CT	ORLANDO FL 32825

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:

*Neil W. Versteeg*

NEIL W. VERSTEEG, TREASURER

2-6-03

904-279-6817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)