

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017618

1. Corporation Name

OCEANSIDE GOLF SERVICES, INC.

Principal Place of Business

3719 LONE EAGLE RD  
JACKSONVILLE FL 32257

Mailing Address

3719 LONE EAGLE RD  
JACKSONVILLE FL 32257

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

2. New Principal Office Address, If Applicable

8249 KINDRED SPIRIT LANE

3. New Mailing Office Address, If Applicable

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

Zip

32092

Country

ST. JOHNS

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2001

5. FEI Number

59-3699041

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	JAMES G. STRATFORD	8249 KINDRED SPIRIT LANE	ST. AUGUSTINE, FL 32092

8. Name and Address of Current Registered Agent

STRAFORD, JAMES G  
3719 LONE EAGLE RD  
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

JAMES G. STRATFORD

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

8249 KINDRED SPIRIT LANE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32092

CR20040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James G. Stratford*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

*James G. Stratford*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

904-7710262

Daytime Phone #