

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063822

1. Corporation Name

Oakland Fifteen Corporation

2. Principal Office Address

3230 NE 15 Avenue

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip
33334

Country

USA

3. Mailing Office Address

18 SE 12 Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/2001

5. FEL Number

65-1129812

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

Andrews, John S. Esq.

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

1501 NE 4 Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

3/16/06

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
P, S, T, D	Jonathan Olsen	18 SE 12 Avenue	Fort Lauderdale, FL 33301
VP, D	Sean Frampton	18 SE 12 Avenue	Fort Lauderdale, FL 33301

200069058122
03/30/06--01051--019 **750.00

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 contained in Chapter 119, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Olsen

3/15/2006

Date

954-232-0024

Daytime Phone #

B. Mitchell MAR 22 2006

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Oakland Fifteen Corporation
18 SE 12 Avenue
Fort Lauderdale, FL 33301-2006

March 15, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

I have attached the Corporation Reinstatement Form for the Oakland Fifteen Corporation and the check in the amount of \$750.00.

I did not receive any notices regarding the corporation in 2002 or thereafter and request that the late fees be waived.

Thank you for your consideration and assistance with this item.

Sincerely,



Jonathan Olsen
as President