

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031798

1. Corporation Name

OAKWOOD PLACE, INC.

Principal Place of Business

Mailing Address

902 S. ALEXANDER STREET  
PLANT CITY FL 33566

~~902 S. ALEXANDER STREET~~  
PLANT CITY FL 33566

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~Suite, Apt. #, etc.~~

City & State

City & State

Zip

Country

Zip

Country

33564

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/22/2002

5. FEI Number

☒ 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
PD	MADONIA, BATISTA SR.	POST OFFICE BOX 2636	PLANT CITY FL 33564
VSTD	MADONIA, EVELYN	POST OFFICE BOX 2636	PLANT CITY FL 33564

300024775003  
11/18/03--01018--015 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Shawn M. Hood*  
REGISTERED AGENT MUST SIGN

Date 11/10/03

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:

*Evelyn M. Madonia*  
Evelyn M. Madonia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

(810) 557-7751

Daytime Phone #

CR2E040 (7/03)