

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

WOP

000175603190
04/13/10--01010--020 **300.00
CR2E081 (11/09)

DOCUMENT # P03000100299
1. Corporation Name CAPITAL OAK LAND DEVELOPMENT
INC.

2. Principal Office Address - No P.O. Box #

2244 TEN OAKS DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 13944

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32312

Country

LEON

Zip

32317

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/03

5. FEI Number

26-0071245

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

HOWARD DOUGLAS

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

2244 TEN OAKS DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

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
<u>PRES</u>	<u>HOWARD DOUGLAS</u>	<u>2244 TEN OAKS DR.</u>	<u>TAL, FL, 32312</u>

ONE WORD

10. E-mail Address: CAPITAL OAK @ YAHOO.COM

(To be used for future annual report notification)

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, I further certify, 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: Howard Douglas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/10

Date

850-491-8141

Daytime Phone #