

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000119446

1. Corporation Name

Oaks Managing Corporation

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

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33131

Country

US

3. Mailing Office Address

1390 Brickell Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, FL

Zip

33131

Country

US

7. Name and Address of Current Registered Agent

Name

Alvaro Castillo B.

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

1390 Brickell Avenue

Suite, Apt. #, Etc

Suite 200

City

Miami

State

FL

Zip Code

33131

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 **12-16-09**

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
D	Emiro Velazco	1390 Brickell Ave., Ste. 200	Miami, FL 33131
D	Elizabeth Vleazco	1390 Brickell Ave., Ste. 200	Miami, FL 33131
D	Eduardo Velazco	1390 Brickell Ave., Ste	200, Miami, FL 33131

10. E-mail Address: **eavelazco@aol.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo Velazco, Director

Date

Daytime Phone #

12-16-09 (305) 632-9946

FILED

2010 JAN -6 AM 11:08

TALLAHASSEE, FLORIDA

500163776295

01/06/10--01020--004 **150.00

500163776295

12/18/09--01003--025 **300.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/24/2003

5. FEI Number

03-0531994

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.