

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000009516

1. Entity Name  
BROKEN OAK, INC.



Principal Place of Business  
HAHNA HEALTH & FITNESS  
116 E 7TH AVE  
HAVANA, FL 32333

Mailing Address  
P O BOX 704  
HAVANA, FL 32333

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302008

REIN-P

CR2E098 (1/07)

4. FEI Number  
59-3778752

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAYTON, LARRY  
1564 DODGER BALL PARK RD  
QUINCY, FL 32351

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Larry Clayton* Larry Clayton, owner

10-31-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CLAYTON, LARRY  
% P O BOX 704  
HAVANA, FL 32333 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
900137572419  
11/03/08--01051--010 \*\*158.75 ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
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CLAYTON, MARY  
% P O BOX 704  
HAVANA, FL 32333 ☐ Delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Larry Clayton* Larry Clayton, owner

10-31-08

(850) 508-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30