

1. APPLICATION FOR REINSTATEMENT



DOCUMENT # 092000006242

OAKLAND GARDEN CTR., INC.

4232 NE 6TH AVE
FT. LAUDERDALE, FL
33333

3350 E. ATLANTIC BLVD
SUITE 300
POMPANO BEACH, FL
33067-5793

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

Country

11/19/92

65-037650

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required
for a Certificate of Status**

Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPST	LISA STREET	4232 NE 6 TH AVE	FT. LAUDERDALE, FL 33334
			400002192564--5 -05/28/97--01013--007 ****915.00 ****915.00
			JPB 523-97

WARREN, PHILIP M
3350 E. ATLANTIC BLVD
SUITE 300
POMPANO BCH, FL 33062

City

State

Zip Code

and the registered agent of the above named corporation, am familiar with the following information:

Anthony M. ...

REGISTRATION AGENT MUST SIGN

Date _____

5/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SEA STREET LISA STREET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/97
Date

954-564-8288
Daytime Phone #

CP2E040 (12/96)