PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053351

1. Corporation Name

Oakland Forest Park, INC.

Principal Place of Business	Mailing Address
2900 N. MILITARY TRAIL SUITE #200 BOCA RATON, FL. 33431.	2900 N. MILITARY TRAIL SUITE #200 BOCA RATON, FL. 33431.

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
2900 N. MILITARY TRAIL	2900 N. MILITARY TRAIL
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: BOCA RATON.	City & State: BOCA RATON,
Zip: 33431 Country: PALM BEACH	Zip: 33431 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 7/30/1993.

5. FEI Number: 65-0456125 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	BURGESS, PETER M. 2900 N. MILITARY TRAIL	SUITE #200,	BOCA RATON, FL. 33431.

900002317939---4
-10/10/97--01083--016
******8.75 ******8.75

900002317939---4
-10/10/97--01083--017
****750.00 ****750.00

REINSTATEMENT 97

10-10-97

8. Name and Address of Current Registered Agent

KARYO, MAXIMILIEN R. ESQ.
370 WEST CAMINO GARDENS BLVD.
SUITE #403
BOCA RATON, FL. 33432.

9. Name and Address of New Registered Agent

Name: KARYO, MAXIMILIEN R. ESQ
Street Address (P.O. Box Number is Not Acceptable): 370 WEST CAMINO GARDENS BLVD.
Suite, Apt. #, Etc.: SUITE #403.
City: BOCA RATON State: FL Zip Code: 33432.

CR2E040 (12/95)

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.

Signature of Registered Agent _____ Date 10/9/1997

REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ PETER M. BURGESS
PRESIDENT. 10/9/1997