

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORM
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 13 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300080101

1. Corporation Name

FOREST OAKS DEVELOPMENT CORP.

W99-27758

Principal Place of Business

Mailing Address

2828 PROCTOR RD
SARASOTA, FLA

34231

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

REINSTATEMENT 95-09

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

Zip

Country

Zip

Country

NOV 19, 1993
1-1402309

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
PRES	T.A. SAHLEY	1374 W 6TH ST CLEVELAND OHIO 44113	
VP	D.A. KANTER	4860 WOODPOINTE WAY SARASOTA, FL 34231	

780003078467-5
-12/22/99--01047--023
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

D.A. KANTER
4860 WOODPOINTE WAY
SARASOTA, FL 34231

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/17/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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.

SIGNATURE:

[Signature]

DA. KANTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/99

941 9261650

Date

Daytime Phone #

CR25081 (12/99)