

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000006694

1. Corporation Name

OAKRIDGE INVESTMENTS, INC.

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

25 SPIRIT LAKE ROAD

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33880

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1994

5. FEI Number

59-3230999

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RODNEY R. SWEET

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

25 SPIRIT LAKE ROAD

Suite, Apt. #, Etc.

City

WINTER HAVEN, FL

State

FL

Zip Code

33880

800199540828
03/28/11--01054--002 **750.00

800199540828
05/24/11--01030--001 **150.00

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

Rodney R. Sweet
REGISTERED AGENT MUST SIGN

Date

5/19/11

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
PD	RODNEY R. SWEET	25 SPIRIT LAKE ROAD	WINTER HAVEN, FL 33880

REINSTATEMENT

5/24/11
10-11

10. E-mail Address: **SCRISMAN@CFRCPA.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Rodney R. Sweet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/19/11
863-299-2324
Daytime Phone #