

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

08 OCT -8 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025997

1. Corporation Name

O.K. DOAK ENTERPRISES, INC

W05000052368

000061668590
11/23/05--01021--010 **1973.75

REINSTATEMENT 97-08
FLD 4/4/94

2. Principal Office Address

1828 NW 12th TERR.

3. Mailing Office Address

P.O. BOX 5126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32609

Country

USA

Zip

32627

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/94

5. FEI Number

59-3232740

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

CAROL P. DOAK

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

3011 NW 24th TERRACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State
FL

Zip Code

32605

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

Carol P. Doak

Date 10/03/08

REGISTERED AGENT MUST SIGN

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
PRESID.	CAROL P. DOAK	3011 NW 24th TERR	GAINESVILLE, FL 32605
VICE PRES.	ROBERT W. DOAK	3011 NW 24th TERR	GAINESVILLE, FL 32605

10. 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:

Carol P. Doak

CAROL P. DOAK

10/03/08

352-374-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #