

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090190**

1. Corporation Name

**OLEANDER ASSOCIATES, INC.**

Principal Place of Business

6565 BEACH BLVD.  
JACKSONVILLE FL 32216

Mailing Address

6565 BEACH BLVD.  
JACKSONVILLE FL 32216



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

REINSTATEMENT

03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1994

5. FEI Number

59-3282921

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STOKER, GARY L	6565 BEACH BLVD.	JACKSONVILLE FL 32216
VPST	MOSER, MARJORIE A	6565 BEACH BLVD.	JACKSONVILLE FL 32216

200023854492  
10/16/03--01039--025 \*\*150.00

8. Name and Address of Current Registered Agent

STOKER, GARY  
6565 BEACH BLVD.  
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Gary L Stoker*  
REGISTERED AGENT MUST SIGN

Date

10/9/03

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., 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:

*Gary L Stoker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

904 724-1488

CR2040 (7/03)

**Oleander Associates, Inc**  
**6565 Beach Blvd.**  
**Jacksonville, Florida 32216**

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314  
Attn; Glendá E. Hood

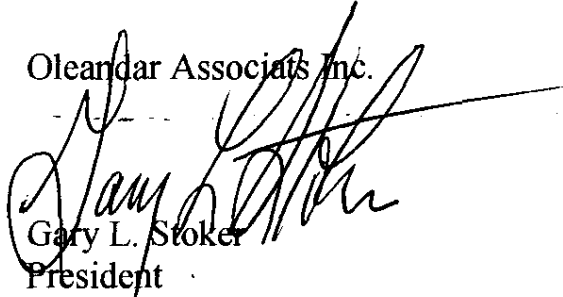
Re: Non Receipt of  
Uniform Business Report  
(UBR)

Greetings:

Please accept this letter as notice that, no previous UBR notices have been received.

Attached please find the form in question and a check in the amount of \$150.00.

Oleander Associates Inc.

  
Gary L. Stoker  
President