

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED AND
FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000038015**

1. Corporation Name

OAK TREE DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

2455 E. SUNRISE BOULEVARD STE 401
FT. LAUDERDALE FL 33304

2455 E. SUNRISE BOULEVARD STE 401
FT. LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1995

5. FEI Number

65-0609990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	MILLER, DAVID L	1988 CHEWICK PLACE	WEBSTERVILLE CA 94091
P	MILLER, JORDAN A.	2455 E. SUNRISE BLVD, #401	FT. LAUDERDALE, FL 33304
			000001997860--0
			11/06/96-01063-001
			****383.75 ****383.75

8. Name and Address of Current Registered Agent

SHAHADY, THOMAS R
HOUSTON & SHAHADY, P.A.
100 N.E. 3RD AVENUE STE 050
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
MILLER, JORDAN A.
Street Address (P.O. Box Number is Not Acceptable)
2455 E. SUNRISE BOULEVARD
Suite, Apt. #, Etc.
SUITE 401
City
FORT LAUDERDALE
State
FL
Zip Code
33304

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

Jordan A. Miller
REGISTERED AGENT MUST SIGN

Date **OCTOBER 29, 1996**

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 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:

Jordan A. Miller

JORDAN A. MILLER
PRESIDENT

10/29/96 (954) 568-9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #