

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000050036**

1. Corporation Name **OCEAN OAKS, INC.**

FILED
98 MAR 31 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~9080 GOLFSIDE DRIVE~~ ~~9080 GOLFSIDE DRIVE~~
~~Jacksonville, FL 32256~~ ~~Jacksonville, FL 32256~~

REINSTATEMENT

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

2. New Principal Office Address, If Applicable
9471 Baymeadows Road

Suite, Apt. #, etc.

Suite 402

City & State

Jacksonville, FL

Zip
32256

Country
U.S.A.

3. New Mailing Office Address, If Applicable
9471 Baymeadows Road

Suite, Apt. #, etc.

Suite 402

City & State

Jacksonville, FL

Zip
32256

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

June 26, 1995

5. FEI Number

59-3331985

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
V/D	DOSTIE, RENE JR.	10503 San Jose Boulevard	Jacksonville, FL 32257
P	ATKERSON, CHARLES	9471 Baymeadows Road, Suite 402	Jacksonville, Florida 32256
S/T	BIDLEMAN, LYNN	9471 Baymeadows Road, Suite 402	Jacksonville, Florida 32256
			8000002478878--0 -04/06/98--01002--006 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

DOSTIE, RENE JR.
9080 GOLFSIDE DRIVE
Jacksonville, FL 32256

9. Name and Address of New Registered Agent

Name

ATKERSON, CHARLES

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

9471 Baymeadows Road,

Suite, Apt. #, Etc.

Suite 402

City

Jacksonville

State

FL

Zip Code

32256

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
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 739-2202
Daytime Phone #