PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 21 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000093482

1. Corporation Name

THE OAKS OF SPRING LAKE, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM J. KEARNEY, JR. 4005 OLD LEEDS RIDGE BIRMINGHAM AL 35223	C/O WILLIAM J. KEARNEY, JR. 4005 OLD LEEDS RIDGE BIRMINGHAM AL 35223

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	1900 INTERNATIONAL PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 105
City & State	City & State BIRMINGHAM ALABAMA
Zip / Country	Zip 35243 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/06/1995

5. FEI Number 63-1165766 ☐ 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) 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
D/P	KEARNEY, ~~E. RICHARD~~ WILLIAM J.	4005 OLD LEEDS RIDGE	BIRMINGHAM AL 35223

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11/22/96--01090--007
****383.75 ****383.75

8. Name and Address of Current Registered Agent

ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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.

Signature of Registered Agent SEE ATTACHED SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED 11/18/96 205-969-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2 of 2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P95000093482

1. Corporation Name

THE OAKS OF SPRING LAKE, INC.

Principal Place of Business	Mailing Address
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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
	1900 INTERNATIONAL PARK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 105
City & State	City & State BIRMINGHAM ALABAMA
Zip / Country	Zip 35243 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/08/1995

5. FEI Number: 63-1165766 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	KEARNEY, [redacted] William J.	4005 OLD LEEDS RIDGE	BIRMINGHAM AL 35223

8. Name and Address of Current Registered Agent

ALHADEFF, E. RICHARD
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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.

Signature of Registered Agent: E. Richard Alhadeff Date: 11/19/96

REGISTERED AGENT MUST SIGN

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: William J. Kearney Jr. 11/18/96 205-969-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #