

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # PA6000001511

1. Corporation Name

San Jose Oaks, Inc.

Principal Place of Business

1018 Sorrento Road

Mailing Address

Same

Jacksonville, FL 32207

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

2. New Principal Office Address, If Applicable

1301 Riverplace Blvd.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite 2552

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32207

Country

USA

Zip

Country

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 |
|---------------|---|--|-------------------------|
| Pres/Dir | John J. Allen | 1301 Riverplace Blvd Suite 2552 | Jacksonville, FL 32210 |
| Sec | Laura Henry Allen | " | " |
| Treas. | Laura Henry Allen | " | " |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

F+L Corp.
200 Laura St
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name: Laura Henry Allen
Street Address (Post Box Number is Not Acceptable): 1301 Riverplace Blvd
Suite, Apt. #, Etc.: Suite 2552
City: Jacksonville

State: FL Zip Code: 32207

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

John J. Allen

REGISTERED AGENT MUST SIGN

Date:

5/25/95

11. This corporation owes 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

John J. Allen
Date

904.391.0008
Daytime Phone #