

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 30 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 96000065330

**1. Corporation Name**

OAK TREE INDUSTRIES, INC

**REINSTATEMENT 97-02**

97-02

**2. Principal Office Address**

230 BUSINESS PARKWAY

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

City & State

SAME

Zip

33411

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0685869

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ELLIS ROBINS

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

230 BUSINESS PARKWAY

Suite, Apt. #, Etc.

600005491896-0

-05/08/02--01046--0.9

\*\*\*1500.00 \*\*\*1500.00

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

[Signature]

Date

3/18/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.S.T.D</u>	<u>G. MICHAEL HAWORTH</u>	<u>84 PENINSULA DR</u>	<u>HILTON HEAD ISLAND, SC</u> <u>29926</u>

**10. 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] GEORGE MICHAEL HAWORTH

3-21-02

Date

843-837-6983

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 12, 2002.

OAK TREE INDUSTRIES, INC.  
230 BUSINESS PARKWAY  
ROYAL PALM BEACH, FL 33411

SUBJECT: OAK TREE INDUSTRIES, INC.  
Ref. Number: P96000065330

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We have received your document for OAK TREE INDUSTRIES, INC. and check(s) totaling \$1500.00. However, your check(s) and document are being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 302A00021986