

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 11 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000020119

1. Corporation Name

OAK TREE BUILDERS, INC

2. Principal Office Address

3600 S.State Road 7

Suite, Apt. #, etc.

Suite # 10

City & State

Miramar, FL 33023

Zip

Country

3. Mailing Office Address

258 NW 195 Terr

Suite, Apt. #, etc.

City & State

Miami, FL 33169

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1997

5. FEI Number.

65-0746532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-01

7. Name and Address of Current Registered Agent

Name

Jerry Kellam

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

258 NW 195 Terr

Suite, Apt. #, Etc.

City Miami

State
FLZip Code
33169

700004014097-5

-04/17/01-01095-028

*****800.00 *****800.00

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

Date April 10, 2001

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
PSTD	Jerry Kellam	258 NW 195 Terr	Miami, FL 33169
V	Allixen Stevens	271 NW 193 Street	Miami, FL 33169
			700004014097-5
			-04/17/01-01095-029
			*****8.75 *****8.75
			LS

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:

April 10, 2001

305-651-3285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

JERRY KELLAM PRES.

TOTAL P.02