

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 12 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101453

1. Corporation Name

WHITE OAK CAPE CORAL, INC.

Principal Place of Business

322 BANYAN BLVD.
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 4961
ORLANDO FL 32802

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

2. New Principal Office Address, If Applicable

422 7TH STREET,

Suite, Apt. #, etc.

#2

3. New Mailing Office Address, If Applicable

422 7TH STREET

Suite, Apt. #, etc.

#2

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number

65-0882187

Applied For

Not Applicable

City & State

WEST PALM BEACH, FL

Zip
33401

Country
USA

City & State

WEST PALM BEACH, FL

Zip
33401

Country
USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RYAN, PAULA J	322 BANYAN BLVD.	WEST PALM BEACH FL 33401
VP	PINGITORE, ROY	322 BANYAN BLVD.	WEST PALM BEACH FL 33401
			000019087220 05/15/03--01064--002 **750.00
			000019087220 06/12/03--01076--003 **150.00

8. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVENUE, STE. 1100
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

PAULA J. RYAN

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

422 7TH STREET

Suite, Apt. #, Etc.

#2

City

WEST PALM BCH

State

FL

Zip Code

33401

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

5/7/03

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/03

Daytime Phone #