

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 9900000 4730

1. Corporation Name

WHITE OAK HERITAGE POINTE, INC.

2. Principal Office Address

422 7TH STREET

Suite, Apt. #, etc.

2

City & State

WEST PALM BEACH, FL

Zip

33401

Country

U.S.

3. Mailing Office Address

422 7TH STREET

Suite, Apt. #, etc.

2

City & State

WEST PALM BEACH, FL

Zip

33401

Country

U.S.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-99

5. FEI Number

65-0901334

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

RYAN, PAULA J.

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

422 7TH STREET

Suite, Apt. #, Etc.

2

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

Paula J. Ryan

REGISTERED AGENT MUST SIGN

Date 3-4-03

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
D	RYAN, PAULA J.	422 7TH STREET, #2	WEST PALM Bch, FL 33401

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

561-838-8886

Daytime Phone #

CR2E081 (10/02)