

PLEASE READ

P990000104165

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000104165

1. Corporation Name

Ocoee Investors Company

9/24/01

2. Principal Office Address

2851 Remington Green Circle

3. Mailing Office Address

2851 Remington Green Cir.

Suite, Apt. #, etc.
Suite D

Suite, Apt. #, etc.
Suite D

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country
USA

Zip
32308

Country
USA

000022079420

08/05/03--01073--014 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/99

5. FEI Number

59-3610650

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

Robert A. Pierce

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

227 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Robert A. Pierce

Date **8-1-03**

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
DP	Joseph D. Mitchell	2851 Remington Green Cir, Ste D	Tallahassee, FL 32308
STD	C. Guy Farmer	2851 Remington Green Cir, Ste D	Tallahassee, FL 32308
REINSTATEMENT 2001-2003			
<i>(Signature)</i>			

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:

C. Guy Farmer, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/03

Date

850-386-2522

Daytime Phone #

CR2E081 (10/02)