

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 13 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 42083**

1. Corporation Name

GREAT OAKS MANAGEMENT, Inc.

100185345851
09/13/10--01048--011 **900.00

REINSTATEMENT 08-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

113 Eagles Nest Lane

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City, FL

City & State

Zip

32112

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1992

5. FEI Number

59-3130335

☐ 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

JULIE FETCKO

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

101 EAGLES NEST DR.

Suite, Apt. #, Etc.

City

Crescent City

State

FL

Zip Code

32112

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

Julie Fetcko

REGISTERED AGENT MUST SIGN

Date

9/3/10

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
P/D/H	DAVID BLACKBURN	113 EAGLES NEST LANE	Crescent City FL 32112
V/D/S	MIKE COLLETT	113 EAGLES NEST LANE	Crescent City FL 32112
D	JULIE FETCKO	101 EAGLES NEST DRIVE	Crescent City FL 32112

10. E-mail Address: **ALBATROSSLADY@MSN.COM**

(To be used for future annual report notification)

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. I further certify, 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:

Julie Fetcko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/10

Date

386-

467-8000

Daytime Phone #

9/15/10