

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 AUG 21 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 763580

1. Corporation Name

Oak Plaza Condominium Association, Inc.

2. Principal Office Address  
720 West Oak Street

3. Mailing Office Address  
720 West Oak Street

Suite, Apt. #, etc.  
Suite 210

Suite, Apt. #, etc.  
Suite 210

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

Zip  
34741

Country  
United States

Zip  
34741

Country  
United States

**REINSTATEMENT** 03-07  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2213361

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  
Jim Croy

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

Suite, Apt. #, Etc.  
Suite 210

City  
Kissimmee

State  
FL

Zip Code  
34741

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 \_\_\_\_\_

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
D	Croy, Jim	4525 Harding Road, Ste 102	Nashville, TN 37205
D	Saric, Gregory	818 West Oak Street	Kissimmee, FL 34741
D	Estrada, Napoleon	812 West Oak Street	Kissimmee, FL 34741
	<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 contained in Chapter 119, 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

Date

Daytime Phone #

8/6/07

407 846 3160