

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003068

1. Corporation Name

OAK BLUFF OF DAYTONA HOMEOWNERS ASSOCIATION, INC.

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

1351 Black Cherry St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 12130

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32117

Country

Volusia

Zip

32120

Country

Volusia

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

May 09, 2000

5. FEI Number
593699388

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Larry Meservey, Sr

Street Address (P.O. Box Number is Not Acceptable)
1500 Beville Road

Suite, Apt. #, Etc.
Suite 606-310

City
Daytona Beach, FL

State Zip Code
FL 32114

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

REGISTERED AGENT MUST SIGN

Date 4/19/2010

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	Larry Meservey, Sr.	1351 Black Cherry	Daytona Beach, FL 32117
VP	Richard Cuttone	1113 Yaupon Street	Daytona Beach, FL 32117

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10. E-mail Address: airelarry@aaasoutheast.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2010

Date

Daytime Phone #