

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 25 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO4638**

1. Corporation Name

~~OAK BROOK PLACE, INC~~  
OAK BROOK PLACE Condominium  
ASSOCIATION, INC

2. Principal Office Address

3950 3rd St. N.

Suite, Apt. #, etc.

City & State

St. Petersburg Fl.

Zip

33703

Country

USA

3. Mailing Office Address

490 Coffee Pot Riviera

Suite, Apt. #, etc.

City & State

St. Petersburg Fl.

Zip

33704

Country

USA

**REINSTATEMENT 96-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/84

5. FEI Number

59-2432457

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

Jane Harvey Stovall

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

490 Coffee Pot Riviera NE

Suite, Apt. #, Etc.

3

City

St. Petersburg

State

FL

Zip Code

33704

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

*Jane Harvey Stovall*  
REGISTERED AGENT MUST SIGN

Date 9-16-04

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
ST	Jane Harvey Stovall	490 Coffee Pot Riviera	St. Petersburg Fl. 33704
P/D	Daniel M. Harvey Jr	P.O. Box 7978	St. Pete Fl. 337347978
D	George Stovall	490 Coffee Pot Riviera	St. Pet Fl. 33704
			000043130940 12/02/04--01048--011 **726.75
			000043130940 12/02/04--01048--012 **35.00
			000043130940 12/02/04--01048--013 **8.75

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)(l), 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:

*Jane Harvey Stovall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-16-04 127 896-4643

Daytime Phone #

CR2001 (01/04)