

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 17 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10888

1. Corporation Name

OAKBROOK VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2701 NE 10TH ST
OCALA FL 34470
US

Mailing Address

1655 SW 5TH AVE
OCALA FL 34474-3250
US



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2604554

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD-D	NANRY, GEORGE	2701 NE 10TH STREET, SUITE 302	OCALA FL 34470
DP-DP	O BENHEIN, EVERETT C JR	2701 NE 10TH ST 506	OCALA FL 34470
DE-DT	RAINES, ROBERT Ramona Silovec	2701 NE 10THS T 704 103	OCALA FL 34470
DE-DJ	KNECHT, CHARLES	2701 NE 10TH ST., SUITE 702	OCALA FL 34470
D	MANZO, PATRICIA James Iverson	2701 NE 10TH ST., SUITE 200 106	OCALA FL

800002352278-4
-11/19/97--01095--011
***236.25 ***236.25

8. Name and Address of Current Registered Agent

NOLEN, M. JANE
ABS PROPERTY MANAGEMENT
1655 SW 5TH AVENUE
OCALA FL 34474

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

James Iverson

REGISTERED AGENT MUST SIGN

Date: 11-8-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Jane Nolen

11-8-97

Date

Daytime Phone #

CR25040 (8/97)