

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

98-99 AR

DOCUMENT # N12201

1. Corporation Name  
 OAK FOREST BOULEVARD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 c/o SPRAGUE  
 8054 Oak Forest Blvd. W.  
 Seminole, Fl. 33776-3425

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1985

5. FEI Number  Applied For  Not Applicable

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
P/D	Norman S. Sprague	8054 Oak Forest Blvd. W.	Seminole, Fl. 33776
V	Bob Glenn	13740 Oak Forest Blvd W.	Seminole, Fl. 33776
S	Celeste Horn	13785 Oak Forest Blvd S.	Seminole, Fl. 33776
T	Dana Mildebrath	13758 Oak Forest Blvd S.	Seminole, Fl. 33776
D	Pat Glinsky	13780 Oak Forest Blvd S.	Seminole, Fl. 33776
D	PHILLIP LERNER	8022 OAK FOREST BLVD. W.	SEMINOLE, FL 33776

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Signature of Registered Agent  
 Norman S. Sprague  
 REGISTERED AGENT MUST SIGN

Name  
 Norman S. Sprague  
 Street Address (P.O. Box Number is Not Acceptable)  
 8054 Oak Forest Blvd. W.  
 Suite, Apt. #, Etc.  
 City Seminole  
 State FL Zip Code 33776

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 *Norman S. Sprague* Date Jan. 31, 1999

11. This corporation owes 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: *Norman S. Sprague*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31, 1999 727-392-9468  
 Date Daytime Phone #

CP2E081 (12-98)

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Late filing fee is not included per our telephone call to the state on 1/26. You agreed to this because we never received anything for 1998. Both forms were returned to you by the Post Office without our being aware of it.

Norm Sprague  
727-392-9468

P.S.  
Our old lawyer's address is not being used anymore.