

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT 15 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N19755**

1. Corporation Name

**OAKLAND HOMEOWNERS ASSOCIATION, INC.**

2. Principal Office Address

**3011 CUNARD DR**

Suite, Apt. #, etc.

City & State

**VALRICO FL**

Zip

**33594**

Country

**USA**

3. Mailing Office Address

**3011 CUNARD DR**

Suite, Apt. #, etc.

City & State

**VALRICO, FL**

Zip

**33594**

Country

**USA**

**REINSTATEMENT**

9801

4. Date incorporated or Qualified To Do Business in Florida

**03/19/1987**

5. FEI Number

**650199480**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$2.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**GEORGE B. HARDY**

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

**3011 CUNARD DR**

Suite, Apt. #, Etc.

City

**VALRICO**

State

**FL**

Zip Code

**33594**

200004649562-6  
-10/23/01-01014-028  
\*\*\*\*428.00 \*\*\*\*120.00

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

*George B. Hardy*

REGISTERED AGENT MUST SIGN

Date **10/11/01**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DT	George B. Hardy	3011 CUNARD DR.	VALRICO, FL 33594
DP	JACK HENCOSKI	3002 CUNARD DR.	VALRICO, FL 33594
DS	ELAINE FOX	2202 SPOONBILL CT.	VALRICO, FL 33594
DV	JOHN ROCCO	2203 GADWALL CT.	VALRICO, FL 33594
D	RANDY MYERS	3007 CUNARD DR.	VALRICO, FL 33594

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)(f), 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:

*George B. Hardy*

10/11/01

(813) 689-2251

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)