

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N31395

1. Corporation Name

OAK BLUFFS, INC.

Principal Place of Business

420 BAY AVENUE
CLEARWATER FL 34616

Mailing Address

420 BAY AVENUE
CLEARWATER FL 34616



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

2. New Principal Office Address, If Applicable

REINSTATEMENT

Incorporated or Qualified
to Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

000002862560--6
-05/04/99-01088--012

Zip

Country

****122.50

Zip

****122.50

Country

Number

59-3016385

03/27/1989

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City & State
PD	CATES, RONALD K	420 BAY AVENUE	CLEARWATER FL
VD	CARR, JAMES D	420 BAY AVENUE	CLEARWATER FL
DD	BIVES, LORI	420 BAY AVENUE	CLEARWATER FL
PD	McHale, Jr., Gerard A.	1601 JACKSON STREET #200	FORT MYERS, FL. 33901
SD	GIBSON, JAMES	1150 EIGHTH AVE. SW	LARGO, FL. 33770
T.D	SPARKS, CHARLES	11381 PROSPERITY FARMS RD	PALM BEACH GARDENS, FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYMOND, J. PAUL
400 CLEVELAND STREET
SUITE 000
CLEARWATER FL 34616

Name
GERARD A. McHALE, JR.

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

1601 JACKSON STREET

Suite, Apt. #, Etc.

SUITE 200

City

FORT MYERS

State

FL

Zip Code

33901

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

X Gerard A. McHale Jr.

REGISTERED AGENT MUST SIGN

Date X 2/12/99

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: X

Gerard A. McHale Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/12/99 (941) 337-0803

Date Day Month Year