

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 30 PM 2:36

*with
10/30*

DOCUMENT # **N31864**

1. Corporation Name
OAK BLUFFS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**% FRANK D. UPCHURCH, III
 780 N. PONCE DE LEON BLVD
 ST. AUGUSTINE FL 32084**

Mailing Address
**% FRANK D. UPCHURCH, III
 P. O. DRAWER 3007
 ST. AUGUSTINE FL 32085
 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 04/21/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2947005	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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
T	DIMARE, FRANK	3545 U.S. 1 SOUTH	ST. AUGUSTINE FL
T	ARNOLD, MIKE	4172 CREEKBLUFF DR.	ST AUGUSTINE FL
T	WADSWORTH, LEWIS E., III	411 WOODBLUFF TERR	ST. AUGUSTINE FL
T	UPCHURCH, FRANK D., III	4148 CREEKBLUFF DR	ST. AUGUSTINE FL
T	MCCARTY, A. OBIE	4112 CREEKBLUFF DR.	ST. AUGUSTINE, FL
T	SHRADER, JOHN G.	4135 CREEKBLUFF DR.	ST. AUGUSTINE, FL
T	LYONS, JERIMIAH	5115 CRESCENT TECH COURT	ST. AUGUSTINE, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UPCHURCH, FRANK D., III 780 N. PONCE DE LEON BLVD ST AUGUSTINE FL 32084	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State Zip Code
	700002341827--3 -11/07/97--01091--002 ****236.25 ****236.25 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 *Frank D. Upchurch* Date **10/28/97**
 REGISTERED AGENT MUST SIGN

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: *Frank D. Upchurch* Date **10/28/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **404 929 9111**

CR2E040 (8/87)