

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -7 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006322

1. Corporation Name

OAKBRIDGE COMMERCIAL PROPERTY OWNERS'
ASSOCIATION NUMBER ONE, INC.

2. Principal Office Address

3604 HARDEN BOULEVARD

Suite, Apt. #, etc.

3. Mailing Office Address

3604 HARDEN BOULEVARD

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

City & State

LAKELAND, FLORIDA

Zip

33803

Country

USA

Zip

33803

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/22/99

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIMOTHY F. CAMPBELL, ESQ.

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

4740 CLEVELAND HEIGHTS BOULEVARD

Suite, Apt. #, Etc.

City

LAKELAND

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-12720700--01086--019

***245.00 ***245.00

REINSTATEMENT

State

FL

Zip Code

33813

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

Timothy F. Campbell

REGISTERED AGENT MUST SIGN

Date 11/29/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RICK BARBER	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803
VD	MARK MARLOW	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803
STD	BUD LONG	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803

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)(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:

Richard Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD BARBER

Date

11/29/00

Daytime Phone #

647-1100
x223

CR2E081 (9/99)