

APPLICATION
FOR
REINSTATEMENT



FILED

97 JUN -4 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
Oak Creek Home Owners Association of Sarasota
County, Inc.
A corporation not for profit

W97-12235

~~7061 S. Tamiami Trail~~
~~#B~~
~~Sarasota, FL 34231~~

~~Same~~

2. New Principal Office Address, If Applicable
c/o 2055 Wood Street,
Suite, Apt. #, etc.
#218

3. New Mailing Office Address, If Applicable
same as Item 2
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 4/5/93

5. FBI Number
65-0359355

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

1	Title(s)	2	Name of Officers and/or Directors
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3 Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers)

000002206950-4

4 -06/10/97-01415--003

Sarasota, FL 34237

P/T/D	Les Lindskov
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c/o 2055 Wood Street, #218

S/D	Phillip Grande
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c/o 2055 Wood Street, #218

Sarasota, FL 34237

D	Jason Grande
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c/o 2055 Wood Street, #218

Sarasota, FL 34237

REINSTATEMENT

92/-97

AP 6-6-97

~~William A. Rogers~~
~~7061 S. Tamiami Trail, #B~~
~~Sarasota, FL 34231~~

Name R. Craig Harrison, Esq.
Street Address Lyons & Beaudry, P.A. (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 1605 Main Street, #1111

City **Sarasota**

State FL	Zip Code 34236
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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

United the registered agent of the above named corporation, am familiar with and

R. Craig Harrison

R. Craig Harrison REGISTERED AGENT MUST SIGN

Date _____

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP GRAVDEZ

Date _____

Daytime Phone # _____

CR2E040 (12/96)