

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

2000-01 UBR

FILED

01 JAN 12 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

750115

1. Corporation Name

PAK VILLAS ASSOCIATION, INC

2. Principal Office Address

2720 CARDINAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 3877

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip Country

32963 USA

City & State

VERO BEACH, FL

Zip Country

32964 USA

4. Date Incorporated or Qualified To Do Business in Florida

07/13/1981

5. FEI Number

59-2522635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

REN ROBB

600003568526-6

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

2720 CARDINAL DR

01/24/01 01004 003

****61.25 ****61.25

Suite, Apt. #, Etc.

600003568526-6

01/24/01 01004 010

City

VERO BEACH

State

FL

Zip Code

32963

****61.25

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

Ren Robb

Date 11-30-00

REGISTERED AGENT MUST SIGN

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
P/D	REN ROBB	2720 CARDINAL DR	VERO BEACH, FL 32913
V/D	JOE BAUGHMAN	1057 6TH AVE, B1	VERO BEACH, FL 32960
S/D	DOROTHY PEARSE	1055 6TH AVE, A8	VERO BEACH, FL 32960
	D HOWARD BOERUM	464 22ND ST, SE	VERO BEACH, FL 32960

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:

Ren Robb / REN ROBB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/07

Date

9015644759

Daytime Phone #

CR2E081 (9/99)

Oak Villas Homeowners Association, Inc.

PO Box 3877

Vero Beach, Florida 32964-3877

PS Zalc

December 6, 2000

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Reinstatement

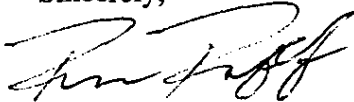
Oak Villas requests a waiver of the late fees associated with this reinstatement application.

Please find enclosed a copy of the annual report filed for 1999. Please note the address change filed for the registered agent. However, Oak Villas did not receive an annual report form for 2000.

Also enclosed is a check in the amount of \$61.25 representing the filing fee for 2000.

Thank you in advance for your attention to this application and request.

Sincerely,



Ren Robb, Treasurer
Oak Villas Association, Inc.