


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 711161	
1. Entity Name OLS HOME ASSOCIATION, INC.	

Principal Place of Business P O BOX 861 KILMARNOCH ROAD TITUSVILLE, FL 32781	Mailing Address P O BOX 861 KILMARNOCH ROAD TITUSVILLE, FL 32781
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2. Principal Place of Business P O BOX 861 Suite, Apt. #, etc. KILMARNOCH LANE City & State TITUSVILLE, FL Zip 32781 Country USA	3. Mailing Address P O BOX 861 Suite, Apt. #, etc. KILMARNOCH LANE City & State TITUSVILLE, FL Zip 32781 Country USA
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FILED
05 OCT 17 AM 11:58



09302005 REIN-NP CR2E099 (6/04)

4. FEI Number 23-7075601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIMSHOCK, LEO M 1690 LOCKE ST TITUSVILLE, FL 32780	7. Name and Address of New Registered Agent Name: FRANK D. GRIFFO Street Address (P.O. Box Number is Not Acceptable) 1634 HARRISON ST City: Titusville, FL Zip Code: 32780
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Frank D. Griffio 10/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEFFERNAN, JAMES E 572 GARDENIA CIR TITUSVILLE, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060215832 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/04/05--01053--014 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KETCHAM, CHARLES R 1959 SQUIRES CT TITUSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIST, EDWARD G 625 LAKEWOOD LANE TITUSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, RICHARD A 3460 KILMARNOCH RD TITUSVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABATE, PAUL 1245 RANHEAD AVE. TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward G. Weist Treas. 10-1-05 3212642401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #