PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR -7 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761507

1. Corporation Name

FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC.

2. Principal Office Address	**3.** Mailing Office Address
1320 S. E. 25th Loop	P.O Box 2495
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34471 Country: USA	Zip: 34478 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/19/82

5. FEI Number: 59-2190414 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: M. Jane Nolen

000003852140--7
-03/14/01--01035--009
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 1320 S. E. 25th Loop, Suite 101

Suite, Apt. #, Etc.: Suite 101

City: Ocala State: FL Zip Code: 34471

REINSTATEMENT 01-01

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: M. Jane Nolen Date: 1/30/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
P/D	Etheredge, Jean	1617 N. E. 38th Terr.	Ocala, FL 34470
V/D	Evans, Nancy	1710 N.E. 38th Ave.	Ocala, FL 34470
T/D	Frank, Marcella	1605 N.E. 37th Ave.	Ocala, FL 34470
S/D	Smith Carman	3709 N E. 17th St.	Ocala, FL 34470
D	Lloyd, Sonny	1603 N E. 38th Terr.	Ocala, FL 34470

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: Jean E Etheredge 1/30/01 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #