


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 AUG 15 PM 3:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # LO1234

1. Corporation Name
 HUNTINGTON OAKS, INC.

2. Principal Office Address 36008 EMERALD COAST PKWY		3. Mailing Office Address 36008 EMERALD COAST PKWY	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. SUITE 301	
City & State DESTIN, FLORIDA		City & State DESTIN, FLORIDA	
Zip 32541	Country USA	Zip 32541	Country USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida JULY 9, 1989

5. FEI Number 592960278

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
 ROBERT E. MCGILL, III

Street Address (P.O. Box Number is Not Acceptable)
 36008 EMERALD COAST PARKWAY

Suite, Apt. #, Etc.
 SUITE 301

City
 DESTIN

State
 FL

Zip Code
 32541

100004587151--3
 -09/13/01--01052--002
 ***1058.75 ***1058.75

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 _____ Date AUGUST 9, 2001

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.T/S/T	ROBERT E. MCGILL, III	952 BAMBI DRIVE	DESTIN, FLORIDA 32541

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: Robert E. McGill, III 8/9/01 850-837-1386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)