


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 12 AM 10:37
DOCUMENT # N00000003700				
1. Corporation Name Oakhill POA INC.				
2. Principal Office Address 2050 SW 66 St		3. Mailing Office Address 50 SE 123rd St Rd		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Ocala FLA		City & State Ocala FLA		
Zip 34476	Country marion	Zip 34480	Country marion	
4. Date Incorporated or Qualified To Do Business in Florida 5/30/2000		5. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name Jo Ann P Van Hynning		300004736183-4
Street Address (P.O. Box Number is Not Acceptable) 50 SE 123rd St - Rd		12/24/01 01002-019 *****61.25 *****61.25
Suite, Apt. #, Etc. Ocala		
City Ocala	State FL	Zip Code 34480

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: **Jo Ann P Van Hynning** Date: **12/11/01**
 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
PRES.	DR Van Hynning, Jo Ann P	50 SE 123rd St Rd	Ocala, Fla 34480
Sec/DR	Van Hynning, Tom	50 SE 123rd St Rd	Ocala FL 34480
D	Morton, J. W	1645 W Main St	INVERNESS, FLA 34450

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: **Jo Ann P Van Hynning** Date: **12/11/01** Daytime Phone #: **352-2370788**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oakhill Estates
JoAnn Van Hyning
50 SE 123rd. St. Rd.
Ocala, Fl. 34480**

December 11, 2001

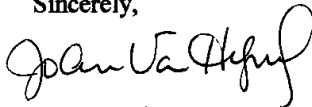
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs;

I am enclosing another application for reinstatement with the corrections which you requested. Please note, as was stated in the last letter, that I have not paid my corporation fee because I never received the notifications. The only one that I received was the one notifying me that the corporation had been dissolved. I would like to ask that you waive the penalty and allow me to pay the reinstatement fee.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "JoAnn Van Hyning".

JoAnn Van Hyning