PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 4R2

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02-NOV 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/18/02--01097--008 **61.25

DOCUMENT # N01000002794

1. Corporation Name
OAK HILL MOBILE HOME PARK HOME OWNER'S ASSOCIATION, INCORPORATED

2. Principal Office Address	3. Mailing Office Address
1331 OAKHILL ST	
Suite, Apt. #, etc.: LOT 75	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State
Zip: 33815 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 2001

5. FEI Number: 58-1596884 ☐ 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: CAROL EVANS
Street Address (P.O. Box Number is Not Acceptable): 1331 OAKHILL ST.
Suite, Apt. #, Etc.: LOT 70
City: LAKELAND State: FL Zip Code: 33815

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: Carol J Evans (REGISTERED AGENT MUST SIGN) Date: 11/14/02

CR2E081 (9/01)

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
PT	JAMES P. McNULTY	1331 OAKHILL ST	LAKELAND, FL 33815
VT	CAROL FAIRCHILD	1331 OAKHILL ST	LAKELAND, FL 33815
ST	CAROL EVANS	1331 OAKHILL ST	LAKELAND, FL 33815

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: Carol J Evans CAROL EVANS 11/14/02 863-602-0967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 12/4/02

11-14-02

TO WHOM IT CONCERNS:

MAILED IN ANNUAL REPORT BUT GOT NO REPLY, WAS ADVISED TO MAIL IN THIS REINSTATEMENT FORM WITH $61.25 AND REQUEST THE LATE FEE, IF ANY, BE WAIVED.

THANK YOU,

CAROL EVANS (ST)
1331 OAKHILL
LOT 70
LAKELAND, FL 33815
863-602-0967

OAKHILL MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Carol V Evans