PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -3 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000002794

1. Corporation Name
Oakhill Mobile Home Park Homeowners Association, Incorporated

REINSTATEMENT CR2E081 (12/07) 07-08

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1331 OAKhill St.	1331 OAKhill St.
Suite, Apt. #, etc.: Lot 3	Suite, Apt. #, etc.: Lot 3
City & State: Lakeland, Flz	City & State: Lakeland, Fla.
Zip: 33815 Country: Polk	Zip: 33815 Country: Polk

4. Date Incorporated or Qualified To Do Business in Florida

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: Cynthia McCORD Sec/TR
Street Address (P.O. Box Number is Not Acceptable): 1331 OAKhill St Lot 3
Suite, Apt. #, Etc.:
City: Lakeland State: FL Zip Code: 33815

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Cynthia McCord — Date: Sept 29,
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.	John Rainhart	1331 OAKhill St. Lot 43	Lakeland, Fla. 33815
Tres.	Robert McCord	1331 OAKhill St. Lot 3	Lakeland, Fla. 33815
Sec	Cynthia McCORD	1331 OAKhill St. Lot 3	LAKeland, Flz 33815
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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 contained in Chapter 119, 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: Cynthia McCord Cynthia McCORD Sept 29, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #