2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007460

FILED Oct 15, 2007 Secretary of State

Entity Name: SILVER OAKS PHASE II OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 2177 6305 HAVENMIST LANE CRESTVIEW, FL 32536 CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

P.O. BOX 2177 CRESTVIEW, FL 32536

FEI Number: 01-0624200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCDUFFIE, MICHAEL S CPA
797 N PEARL ST
CRESTVIEW, FL 32536 US

MCDUFFIE, MICHAEL S
919 WEST JAMES LEE BLVD
CRESTVIEW, FL 32536 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL S MCDUFFIE 10/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P (X) Change () Addition Name: TAYLOR, MIKE Name: WALLACE, GEORGE

 Name:
 WALEACE, GEORGE

 Address:
 6005 APPALOOSA
 Address:
 6305 HAVENMIST LANE

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: S () Delete Title: VP (X) Change () Addition Name: CRABTREE, JANEL Name: WICHMAN, PAUL

 Name:
 CRABTREE, JANEL
 Name:
 WICHMAN, PAUL

 Address:
 1723 ARABIAN CT
 Address:
 6401 HAVENMIST LANE

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: T () Delete Title: () Change () Addition

 Name:
 WICHMAN, LAVERNE
 Name:

 Address:
 6401 HAVENMIST LN
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

 Name:
 WALLACE, GEORGE
 Name:
 BROWN, PAT

 Address:
 6305 HAVENMIST LN
 Address:
 2628 PADDOCK CIRCLE

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE WALLACE P 10/15/2007