

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

09 FEB 27 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N02000007349

1. Corporation Name

Hernando Oaks Master Association, Inc.

2. Principal Office Address - No P.O. Box #  
40 S Palafox Place

3. Mailing Office Address  
P O Box 940

Suite, Apt #, etc.  
500

Suite, Apt. #, etc.

City & State  
Pensacola

City & State  
Gulf Breeze

Zip Country  
32502 USA

Zip Country  
32562 USA

700144012707  
02/27/09--01034--016 \*\*61.25

**REINSTATEMENT**

09

4. Date Incorporated or Qualified To Do Business in Florida 09/16/02

5. FEI Number  
450499842

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  
Jeannie R. Rennspies

Street Address (P.O. Box Number is Not Acceptable)  
40 S. Palafox Place

Suite, Apt. #, Etc.  
Suite 500

City  
Pensacola

State Zip Code  
FL 32502

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 607.0506 or 617.0503, F.S.

Signature of Registered Agent

*Jeannie R. Rennspies*  
REGISTERED AGENT MUST SIGN

Date 2/17/09

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
PD	Liberis Charles	40 S. Palafox Place Suite 500	Pensacola, FL 32502
VPD	David A. Brannen	P O Box 940	Gulf Breeze, FL 32562

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02/19/09--01036--021 \*\*236.25

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:

*David A. Brannen*

David A. Brannen

2/17/09

850-434-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29