

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

06 NOV 29 AM 9:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N0300004299

1. Corporation Name ASSOCIATION of Oakbridge Homeowners, Inc

2. Principal Office Address 2706 S. 10th st

3. Mailing Office Address Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Ft. Pierce Florida

City & State

Zip 34982

Country U.S.A

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 5-21-2003

5. FEI Number None Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-00

7. Name and Address of Current Registered Agent

Name Clyde G. Killer esq

Street Address (P.O. Box Number is Not Acceptable) 2706 S. 10th st

Suite, Apt. #, Etc.

City Ft Pierce

State FL Zip Code 34982

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 Clyde G. Killer

Date 11-27-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for Michael Chabbin, Pres/DIR, 2706 S. 10th st, Ft. Pierce Fla. 34982.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-27-06 860-250-0671

CR2001 (01/05)