

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 25 PM 3:45
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009735

1. Corporation Name
OAK RUN SUBDIVISION PHASE 2 HOMEOWNERS' ASSOCIATION OF ZEPHYRHILLS, INC.

2. Principal Office Address 37352 SR 54		3. Mailing Office Address 37352 SR 54	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ZEPHYRHILLS, FL		City & State ZEPHYRHILLS, FL	
Zip 33542	Country USA	Zip 33542	Country USA

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida **11/04/2003**

5. FEI Number 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
Leonard H. Johnson

Street Address (P.O. Box Number is Not Acceptable)
37837 Meridian Avenue

Suite, Apt. #, Etc.
Suite 100

City
Dade City

State
FL

Zip Code
33525

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 *Leonard H. Johnson* Date 5/23/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	James H. Bingham	411 Commercial Court, Suite E	Venice, FL 34292
SVD	Kevin L. Ryman	37352 SR 54	Zephyrhills, FL 33542
D	William S. Bingham	411 Commercial Court, Suite E	Venice, FL 34292

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: *Kevin L. Ryman* Date 5/23/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR