

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000009735

1. Corporation Name

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

2. Principal Office Address

37352 SR 54

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip
33542

Country
USA

3. Mailing Office Address

37352 SR 54

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip
33542

Country
USA

REINSTATEMENT

CR2E081 (12/05)

04-06

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin L. Ryman

Date

5/23/06

Daytime Phone #