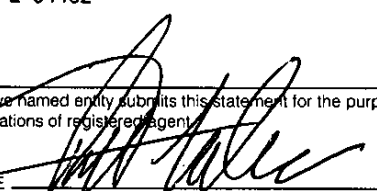
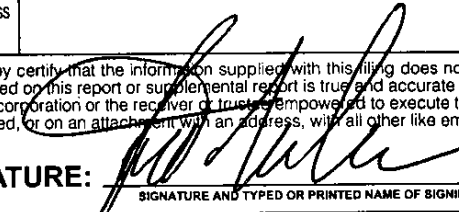


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003920 1. Entity Name OAK RIDGE EQUINE CENTER PROPERTY OWNERS' ASSOCIATION, INC.		 SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 16 PM 2:48																								
Principal Place of Business 4625 NW 110TH AVENUE OCALA, FL 34482		Mailing Address 4625 NW 110TH AVENUE OCALA, FL 34482																								
2. Principal Place of Business 3090 SE 148th TERRACE Suite, Apt. #, etc.		3. Mailing Address 3090 SE 148th TERRACE Suite, Apt. #, etc.																								
City & State MORRISTON, FLORIDA Zip 32668		City & State MORRISTON, FLORIDA Zip 32668																								
Country LEVY		Country LEVY																								
4. FEI Number 20-3109211		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent NELSON, ROBERT 4625 NW 110TH AVENUE OCALA, FL 34482		7. Name and Address of New Registered Agent Name ROBERT NELSON Street Address (P.O. Box Number is Not Acceptable) 16787 NW HIGHWAY 464B City MORRISTON FL Zip Code 32668																								
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 10/12/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																										
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																								
Make check payable to Florida Department of State																										
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE 10/12/06 DAYTIME PHONE # 352 529-0808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										