

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 MAR 24 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/25/11--01001--001 **306.25

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000011133

1. Corporation Name

Oak Ridge at High Springs Homeowners' Association, Inc.

2. Principal Office Address - No P.O. Box # 304 East Tennessee Street Suite, Apt. #, etc.		3. Mailing Office Address Post Office Box 900 Suite, Apt. #, etc.	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32301	Country USA	Zip 32302	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/25/2006	
5. FEI Number N/A	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Tony Vila

Street Address (P.O. Box Number is Not Acceptable)
304 East Tennessee Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

[Signature]

Date *X* 3/24/11

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
D	Tony Vila	304 E. Tennessee Street	Tallahassee, FL 32301
D	Ed Canup	304 E. Tennessee Street	Tallahassee, FL 32301
D	Rick Howe	304 E. Tennessee Street	Tallahassee, FL 32301

REINSTATEMENT 10-11
B 3/24/11

10. E-mail Address: Vila.Tony@ccbg.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *X*

[Signature]

Tony Vila, Director

X 3/24/11

850/402-8024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #