PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 21 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13635 (3)

1. Corporation Name
OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC

Principal Place of Business / Mailing Address
5065 Keysville Ave
SPRING HILL FL 34608

600002996796--9
-09/24/99--01085--003
****306.25 ****306.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1-17-86

5. FEI Number: 592642157 — Applied For ☐ Not Applicable ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DAVID W FAGAN	5065 Keysville AVE	SPRING HILL FL 34608
T	HOWARD FURLONG	4995 KIRKWOOD AVE	SPRING HILL FL 34608
V	EDWARD HECKLER	5294 LYDIA CT	SPRING HILL FL 34608
D	NICK CHRISTIANO	5005 FLORENTINE CT	SPRING HILL FL 34608
D	DEREK OSBORNE	5299 FLORENTINE CT	SPRING HILL FL 34608
D	JANET CROFT	5298 FLORENTINE CT	SPRING HILL FL 34608

8. Name and Address of Current Registered Agent

REINSTATEMENT 98-99

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9. Name and Address of New Registered Agent

Name: HOWARD FURLONG
Street Address (P.O. Box Number is Not Acceptable): 4995 KIRKWOOD AVE
Suite, Apt. #, Etc.:
City: SPRING HILL State: FL Zip Code: 34608

CR2E081 (12/98)

10. I hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Howard Furlong — REGISTERED AGENT MUST SIGN — Date: 7-28-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 this 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: D W Fagan — DAVID W FAGAN PRES — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7-28-99 Date
352-684-0184 Daytime Phone #