PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 APR 28 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14686

1. Corporation Name

The Falls of Ocala Homeowners Association, Inc.

UUU052633480
04/28/05--01052--002 **341.25
REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
551 SW 79TH Terrace	551 SW 79TH Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34474 Country:	Zip: 34474 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/1986

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: David D. Eastman

Street Address (P.O. Box Number is Not Acceptable): 2155 Delta Boulevard

Suite, Apt. #, Etc.: 210-B

City: Tallahassee | State: FL | Zip Code: 32303

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: David D. Eastman Date: 4-27-05

REGISTERED AGENT MUST SIGN

CR2E081 (01/03)

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
Pres	Brandon WEBB	551 SW 79TH Terrace	Ocala FL 34474
VP	Charles Johns	551 SW 79TH Terrace	Ocala FL 34474
S/T	Michael Rutherford	5000 Clayton Rd	Maryville TN 37804

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 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: Brandon WEBB 4-19-2005 (863) 698-3043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/28

Div. of Corporations: 9-28-05

Please issue a refund in the amount of $35.00 for fees regarding changing of the registered agent. Please mail check payable to:

CMH Parks, Inc.
P.O. Box 9790
Maryville, Florida 37802
Telephone - (865) 380-3933

Please call me w/ any questions.

Joanie Dukes
Lutz, Bobo, Telfair, Eastman & Lee
521-0890