
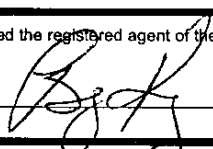
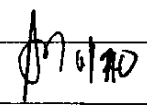
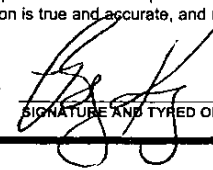


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN -8 AM 10:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200114241632 01/08/08--01005--010 **481.32 REINSTATEMENT 03-07
DOCUMENT # N29615 1. Corporation Name PORTER'S OAKS HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 743 SW 2nd Terrace Suite, Apt. #, etc.		3. Mailing Office Address 743 SW 2nd Terrace Suite, Apt. #, etc.	
City & State Gainesville FL Zip 32601 Country		City & State Gainesville FL Zip 32601 Country	
7. Name and Address of Current Registered Agent Name Beverly King Street Address (P.O. Box Number is Not Acceptable) 743 SW 2nd Terrace Suite, Apt. #, Etc. City Gainesville State FL Zip Code 32601		4. Date Incorporated or Qualified To Do Business in Florida 12-08-1988 5. FEI Number 59221464 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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  REGISTERED AGENT MUST SIGN Date 6/4/07			
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
P/D	Michelle Bumbray	614 SW 2nd Terrace	Gainesville FL 32601
VP/D	Lillie Dubose	616 SW 2nd Terrace	Gainesville FL 32601
S/T/D	Beverly King 	743 SW 2nd Terrace	Gainesville FL 32601
D	Jo Ann Johnson	733 SW 2nd Terrace	Gainesville FL 32601
D	Jacquelyn Williams	616 SW 2nd Street	Gainesville FL 32601
D	Annette Gilley	P.O. Box 593	Waldo FL 32694
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 Date 6/4/07 Daytime Phone #			