


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39980		FILED 98 APR -2 PM 12:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name OAK-LAND PARK MHP HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 8277 BELVEDERE ROAD WEST PALM BEACH, FL 33411			
Mailing Address 1159 HANDY OAK CIRCLE WEST PALM BEACH, FL 33411		REINSTATEMENT 95-98 CO	
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 9/13/90	
5. FEI Number 65-0243576		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	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES/ DIR	DAVID C. ANDERSON	580 VILLAGE BLVD. #150	WEST PALM BEACH, FL 33409
VP/ DIR	ROBERT NEEDLE	580 VILLAGE BLVD. #150	WEST PALM BEACH, FL 33409
SEC/ DIR	DAVID NEEDLE	580 VILLAGE BLVD. #150	WEST PALM BEACH, FL 33409
TREAS/ DIR	ROBERT SIEBER	1165 HANDY OAK CIRCLE	WEST PALM BEACH, FL 33411
DIR	CATHY WOESSNER	1135 HANDY OAK CIRCLE	WEST PALM BEACH, FL 33411
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8. Name and Address of Current Registered Agent BENNET S. COHN 1400 CENTREPARK BLVD. #360 WEST PALM BEACH, FL 33401		9. Name and Address of Current Registered Agent Name ROBERT NEEDLE Street Address (P.O. Box Number is Not Acceptable) 580 VILLAGE BLVD. SUITE 150 Suite, Apt. #, Etc. City WEST PALM BEACH State FL Zip Code 33409	
10. I, being 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 R. Phil, VP Date 3/26/98 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 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: R. Phil SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/26/98 Daytime Phone # 561-687-1901			