PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL -8 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45998

REINSTATEMENT ~~95.00~~

1. Corporation Name

OAK LEAFE OF HIGHLANDS COUNTY HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
6096 Oak Leafe Cir.	6096 Oak Leafe Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring	City & State: Sebring
Zip: FL Country: 33876	Zip: FL Country: 33876

4. Date Incorporated or Qualified To Do Business in Florida: NOV 13, 1991

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: Peter E. Muzzillo

07/08/03--01036--002 **~~79~~.00
900021383383
07/08/03--01036--002 **~~79~~.00

Street Address (P.O. Box Number is Not Acceptable): 6096 Oak Leafe Circle

Suite, Apt. #, Etc.:

City: Sebring State: FL Zip Code: 33876

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: Peter E. Muzzillo
REGISTERED AGENT MUST SIGN

Date: 6-25-03

CR2E081 (10/02)

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	Lois Hofman	6030 Oak Leafe Circle	Sebring, FL 33876
D	J. M. Nickelson	6184 Oak Leafe Circle	Sebring, FL 33876
D	Tim Bailes	6054 Oak Leafe Circle	Sebring, FL 33876

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: Lois A. Hofman Lois A. Hofman 6/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #