

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUL -7 PM 12:22

DOCUMENT # N93000002174 (1)

1. Corporation Name
 OAK FOREST OF TAMPA HOMEOWNERS ASSOC., INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 OAK FOREST HOMEOWNERS ASSOC., INC.
 P.O. BOX 290993
 TEMPLE TERRACE FL 33607-0993

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

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5 5 1993 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-041157 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 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 |
|------------|-------------------------------------|---|--|
| P.D | EARL, ANTHONY G | 7413 BECKY THATCHER LANE TAMPA FL 33637 | 4000002234544--7 -07/10/97-591119--001 ****297.50 ****297.50 |
| V.D | SWINK, LAURIE J | 7513 SAVANNAH LANE TAMPA FL 33637 | |
| SD | ANTH MCWILLIAMS, ANTHONY | 7404 BECKY THATCHER LANE TAMPA FL 33637 | |
| TD | BROWN, DIANNE, E | 7415 BECKY THATCHER LN TAMPA FL 33637 | |
| | | | |
| | | | |

REINSTATEMENT 96-97
 7-8-97

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|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| P.D - GRIFFITH, SCOTT R 12973 TELECOM PARKWAY N TAMPA FL 33637 | | Name ANTHONY G. EARL Street Address (P.O. Box Number is Not Acceptable) 7413 BECKY THATCHER LN, Suite, Apt. #, Etc. City TAMPA FL State FL Zip Code 33637 | |

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 _____ Date 6/30/97
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: _____ ANTHONY G. EARL - P.D. 6/30/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (813) 987 9622 - (ALSO FAX #)
 Date Daytime Phone #

CR2E040 (12/96)