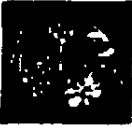


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2017 FEB 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FL 32399

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (11/10)	
DOCUMENT # N94000004739					
1. Corporation Name Oak Island Harbor Community Owners' Association Inc.					
2. Principal Office Address - No P.O. Box # 101 Park Place Blvd.		3. Mailing Office Address 101 Park Place Blvd.		4. Date Incorporated or Qualified To Do Business in Florida 9/21/1994	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2		5. FEIN NUMBER 59-3268610	
City & State Kissimmee FL		City & State Kissimmee FL		6. CERTIFICATE OF STATUS DESIRED ☒ REINSTATEMENT	
Zip 34741	County Osceola	Zip 34741	County Osceola		
7. Name and Address of Current Registered Agent					
Name Association Management Group of Central FL, Inc.					
Street Address (P.O. Box Number is Not Acceptable) 101 Park Place Blvd.					
Suite, Apt. #, etc. Suite 2					
City Kissimmee	State FL	Zip Code 34741			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.					
Signature of Registered Agent <u><i>Leslie H. Hunt</i></u>				Date <u><i>1/19/17</i></u>	
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	Anthony Guarino	101 Park Place Blvd., Suite 2	Kissimmee, FL 34741		
VP	Mark Kozlarek	101 Park Place Blvd., Suite 2	Kissimmee FL 3474		
S.	Jim Ortenzio	101 Park Place Blvd., St. 2	Kissimmee, FL 34741		
T	Gabriel Knobloch	101 Park Place Blvd. St.2	Kissimmee, FL 34741		
REINSTATEMENT				FEB 16 2017 R. HUNT	
10. E-mail Address: <u><i>leslie.hunt@centralfla.com</i></u>					
11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.					
SIGNATURE: <u><i>Anthony Guarino Pres</i></u> <u><i>1/19/17 (845) 513-8626</i></u>					