FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

2017 FEB 16 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

**DOCUMENT #** N94000004739

1. Corporation Name
Oak Island Harbor Community Owners' Association Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 101 Park Place Blvd. | 101 Park Place Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 2 | Suite 2 |
| City & State | City & State |
| Kissimmee FL | Kissimmee FL |
| Zip / County | Zip / County |
| 34741 / Osceola | 34741 / Osceola |

4. Date Incorporated or Qualified To Do Business In Florida: 9/21/1994

5. FEI Number: 59-3268610 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

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

700294740297
01/25/17--01021--001 **236.25

700294740297
02/16/17--01024--024 **61.25

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: Leslie Hudson Date: 1/19/17
REGISTERED AGENT MUST SIGN

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 Knobeloch | 101 Park Place Blvd. St.2 | Kissimmee, FL 34741 |
| | REINSTATEMENT | | FEB 16 2017 |
| | | | R. HUNT |

10. E-mail Address: [illegible]@embarqmail.com
(To be used for future annual report notification)

11. 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., 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.817.155, F.S.

SIGNATURE: Anthony Guarino Pres 1/19/17 (845) 513-8626
(SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR) (Date) (Daytime Phone #)