

APPLICATION FOR REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9800000040003
1. Corporation Name
Oakland Heights Homeowner's Association, Inc.

Principal Place of Business Mailing Address
2929 E. Commercial Blvd. Same
#501
Ft. Lauderdale FL 33308
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4635 NW 57 Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Same - 4635 NW 57 Ln.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
7/13/1998

City & State
Coral Springs FL

City & State
Coral Springs FL

5. FEI Number Applied For
 Not Applicable

Zip Country
33067 USA

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33067 USA

6. CERTIFICATE OF STATUS DESIRED \$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---|
| D | Laila P. Rayani | 4635 NW 57 Lane | Coral Springs FL 33067 |
| D | Shams S. Rayani | 4635 NW 57 Lane | Coral Springs FL 33067 |
| D | Howard Jablon | 5932 N.W 73rd Ct | Parkland, FL 33067 |
| | | | 400003180794--0 -03/22/00--01113--001 ***297.50 ***297.50 |
| | | | 400003180794--0 -03/22/00--01113--002 *****8.75 *****8.75 |

8. Name and Address of Current Registered Agent
Filings, Inc.
3732 NW 16th Street
Ft. Lauderdale FL 33311

9. Name and Address of New Registered Agent
Name Shams S. Rayani
Street Address (P.O. Box Number is Not Acceptable)
4635 NW 57 Lane
Suite, Apt. #, Etc.
City Coral Springs State FL Zip Code 33067

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 [Signature] Date 2/22/00
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: [Signature] 2/22/00 (954) 439-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHAMS RAYANI, DIRECTOR Date Daytime Phone #

CR2E040 (12/96)