## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT						Secretary of State			FILED  07 OCT 18 PM 1: 37  SECRETARY OF STATE								
DOCUMENT # N98000005425  1. Corporation Name									TALLA	HASSEÉ	, FLORIDA						
SILVER OAKS PHASE I OWNERS' ASSOCIATION, IN								X									
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Suite, Apt. #, etc. Suite, Apt. #					etc.			4. Date incorporated or Qualified 00/19/1009									
City & State CRESTVIEW, FL								50-3583224 Applied For									
				<sup>Zlp</sup> 32536	<u> </u>	Countr	Å	6.	\$8.75 Additional See roughs								
7. Name and Address of Current Registered Agent								<b> </b>									
MICHAEL S. MCDUFFIE  919 WEST JAMES CEEBBLVD  Suite, Apt. #, Etc.						SECRETAR DE STATE TALLAHASSEE, FLORIDA  PAddress X 1542    A Date Incorporate of Qualified To Do Business in Florida   To Do Business in Florida   Depth of State								circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
ĈRES	STVIE	W, F	L		FL 32536			so warrow.									
9. Names	and Street A	ddresses		or Director (Flo	rida nonpro			<del></del>	<u> </u>								
Titles										City / State /	Zip						
PD	JOHN	INY '	WILLIAM	ILLIAMS 5851 CALUMET COURT CREST					CREST	∕IEW,	FL 32636						
VPD	THON	THOMAS CALHOUN 5				5832 HUNTING MEADOWS DI			CREST	/IEW,	FL 32536						
TD	DARF	REN	ETHERIC	GE	2609	PA	LAMINO	TRAIL	CREST	/IEW,	FL 32636						
SD	ED SA	ANT	os		5859	HUN	TING MEA			·							
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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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #																	

## Silver Oaks Phase I Owners' Association, Inc P.O. Box 1542 Crestview, FL 32536

September 18, 2007

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement Application – Silver Oaks Phase I Owners' Association, Inc N98000005425

Dear Ladies and Gentlemen:\_\_\_\_\_

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, we are respectfully requesting that the \$175.00 reinstatement fee be waived. We did not receive the annual report notice for the year 2005 because we switched accountants and our Registered Agent had been our accountant. Since we did not receive the dues notice and renew the corporation for 2005; we also did not receive a notice for 2006.

We did not realize that the reports for these years (2005-2006) had not been paid and filed until our current accountant brought it to our attention that the corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$185.25 to pay the annual fees (\$61.75 per year) for 2005-2007 and reinstate our corporation as quickly as possible.

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,

Johnny Williams

President