PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT -3 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005222

1. Corporation Name

OAK RUN HOMEOWNERS ASSOCIATION OF ZEPHYRHILLS, INC.

2. Principal Office Address	**3.** Mailing Office Address
411 Commercial Ct, Suite E	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State
Zip: 34292 Country: U.S.	Zip Country

00-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3669709 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James H Bingham, JR.

Street Address (P.O. Box Number is Not Acceptable): 411 Commercial CT, Suite E

000008703780
10/30/02--01095--015 **35.75

Suite, Apt. #, Etc.

City: Venice, FL State: FL Zip Code: 34292

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 _____ Date September 26, 2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
VP/D SECRET	Kevin Ryman	37325 State Road 54 W	Zephyrhills, FL 33542
PRES/D	James H Bingham, JR.	411 Commercial CT, Suite E	Venice, FL 34292

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 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: _____ 9-26-02 813-505-6155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #