

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **741028**

1. Corporation Name

OAK FOREST HOME OWNERS ASSOCIATION, INC.
P.O. BOX 825
KEYSTONE HEIGHTS FL 32656

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1977

5. FEI Number

59-2983633

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

EBEN E. BARNETT II

Street Address (P.O. Box Number is Not Acceptable)

5521 JENKINS LOOP RD.

Suite, Apt. #, Etc.

City

KEYSTONE HEIGHTS

State

FL

Zip Code

32656

City

55125

REINSTATEMENT 95-00

400003362694-2

TS

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

Eben E. Barnett II
REGISTERED AGENT MUST SIGN

Date **7/22/2000**

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/D	EBEN E. BARNETT II	5521 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32656
V/D	WYATT MILLS	5457 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32658
S/D	MARY LOUISE BARNETT	5521 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32658
T/D	SHEILA MILLS	5457 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32658
D	ROBIN GEIGER	5465 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32658
D	LYNN PARKER	5720 JENKINS LOOP RD.	KEYSTONE HEIGHTS, FL 32658

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:

Eben E. Barnett II
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/2000
Date

352-473-7259
904-264-6696
Daytime Phone #

CR2E081 (9/99)