

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 AM 10:37

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000003700**

1. Corporation Name
Oakhill POA Inc.

2. Principal Office Address
2050 SW Lake St

3. Mailing Office Address
50 SE 123rd St Rd

City & State
Ocala FLA

City & State
Ocala FLA

Zip
34476

Country
marion

Zip
34480

Country
marion

4. Date Incorporated or Qualified To Do Business in Florida
5/30/2000

5. FEI Number
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
Jo Ann P Van Hynning

Street Address (P.O. Box Number is Not Acceptable)
50 SE 123rd St - Rd

Suite, Apt. #, Etc.
Ocala

City
Ocala

State
FL

Zip Code
34480

300004736183-4
12/24/01-01002-09
*****61.25 *****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
Jo Ann P Van Hynning

REGISTERED AGENT MUST SIGN

Date
12/11/01

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
PRES.	DIR VAN HYNNING, JO ANN P	50 SE 123rd ST RD	Ocala, Fla 34480
Secy	DIR VAN HYNNING, TOM	50 SE 123rd ST RD	Ocala FL 34480
D	Morton, J. W	1645 W MAIN ST	INVERNESS, FLA 34450

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: **Jo Ann P Van Hynning**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JO ANN P VAN HYNNING

Date
12/11/01

Daytime Phone #
352-2370788

CR2E081 (9/00)

**Oakhill Estates
JoAnn Van Hying
50 SE 123rd St. Rd.
Ocala, Fl. 34480**

December 11, 2001

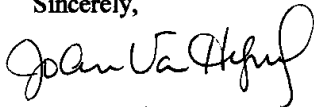
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs;

I am enclosing another application for reinstatement with the corrections which you requested. Please note, as was stated in the last letter, that I have not paid my corporation fee because I never received the notifications. The only one that I received was the one notifying me that the corporation had been dissolved. I would like to ask that you waive the penalty and allow me to pay the reinstatement fee.

Thank you for your consideration in this matter.

Sincerely,



JoAnn Van Hying