

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA-DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT -3 PM 12: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000002794  
1. Corporation Name  
Oakhill mobile Home Park  
Homeowners Association, Incorporated

|                                                                        |                        |                                                      |                        |
|------------------------------------------------------------------------|------------------------|------------------------------------------------------|------------------------|
| 2. Principal Office Address - No P.O. Box #<br><u>1331 OAKHILL ST.</u> |                        | 3. Mailing Office Address<br><u>1331 OAKHILL ST.</u> |                        |
| Suite, Apt. #, etc.<br><u>Lot 3</u>                                    |                        | Suite, Apt. #, etc.<br><u>Lot 3</u>                  |                        |
| City & State<br><u>LAKELAND, FLA</u>                                   |                        | City & State<br><u>LAKELAND, FLA.</u>                |                        |
| Zip<br><u>33815</u>                                                    | Country<br><u>POIK</u> | Zip<br><u>33815</u>                                  | Country<br><u>POIK</u> |

REINSTATEMENT  
CR2E081(12/07) 07-08

4. Date Incorporated or Qualified To Do Business in Florida

|                                    |                                            |
|------------------------------------|--------------------------------------------|
| 5. FEI Number<br><u>58-1596884</u> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

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

7. Name and Address of Current Registered Agent

Name  
Cynthia McGeord Sec/TR

Street Address (P.O. Box Number is Not Acceptable)  
1331 OAKHILL ST Lot 3

Suite, Apt. #, Etc.

City  
LAKELAND

State  
FL

Zip Code  
33815

The reinstatement fee is imposed, except in 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 fee be waived.

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 Cynthia McGeord Date Sept 29,

REGISTERED AGENT MUST SIGN

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   | John Rainhart                     | 1331 OAKHILL ST. Lot 43                        | LAKELAND, FLA. 33815 |
| Treas. | Robert McGeord                    | 1331 OAKHILL ST. Lot 3                         | LAKELAND, FLA. 33815 |
| Secy   | Cynthia McGeord                   | 1331 OAKHILL ST. Lot 3                         | LAKELAND, FLA 33815  |
|        | <u>\$71013</u>                    |                                                |                      |

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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 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 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: Cynthia McGeord Cynthia McGeord Sept 29, 2008

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