

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 SEP 21 AM 11:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N13635 (3)

1. Corporation Name
 OAK HILLS UNIT 23 HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
 5065 KEYSVILLE AVE
 SPRING HILL FL 34608

600002996796--9
 -09/24/99--01085--003
 ****306.25 ****306.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 1-17-86	
State, Apt #, etc.		Suite, Apt #, etc.		5. FEI Number 592642157	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	DAVID W FAGAN	5065 KEYSVILLE AVE	SPRING HILL FL 34608
T	HOWARD FURLONG	4995 KIRKWOOD AVE	SPRING HILL FL 34608
V	EDWARD HECKLER	5294 LYDIA CT	SPRING HILL FL 34608
D	NICK CHRISTIANO	5005 FLORENTINE CT	SPRING HILL FL 34608
D	DEREK OSBORNE	5399 FLORENTINE CT	SPRING HILL FL 34608
D	JANET CROFT	5298 FLORENTINE CT	SPRING HILL FL 34608

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<p>REINSTATEMENT 98-99</p> <p>TS</p>		Name HOWARD FURLONG	
		Street Address (P.O. Box Number is Not Acceptable) 4995 KIRKWOOD AVE	
		Suite, Apt. #, Etc.	
		City SPRING HILL	State FL

10. I hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: Howard Furlong Date: 7-28-99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: DAVID W FAGAN PRES Date: 7-28-99 Daytime Phone #: 352-684-0184
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12-98)