

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL -8 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45998

1. Corporation Name

OAK LEAF OF HIGHLANDS COUNTY
HOMEDOWNERS' ASSOCIATION, INC.

2. Principal Office Address

6096 Oak Leaf Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

6096 Oak Leaf Cir.

Suite, Apt. #, etc.

City & State

Sebring

Zip

FL

Country

33876

City & State

Sebring

Zip

FL

Country

33876

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 13, 1991

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 9503

7. Name and Address of Current Registered Agent

Name

Peter E. Muzzillo

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

6096 Oak Leaf Circle

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33876

07/08/03--01036--002 **731.00

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07/08/03--01036--002 **731.00

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

Peter E. Muzzillo
REGISTERED AGENT MUST SIGN

Date 6-25-03

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
D	Lois Hofman	6030 Oak Leaf Circle	Sebring, FL 33876
D	J. M. Nickelson	6184 Oak Leaf Circle	Sebring, FL 33876
D	Tim Bailes	6054 Oak Leaf Circle	Sebring, FL 33876

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)(f), 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:

Lois A. Hofman Lois A. Hofman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/25/03

CR2E081 (10/02)

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