


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



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

FILED
00 DEC -7 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006322

1. Corporation Name
OAKBRIDGE COMMERCIAL PROPERTY OWNERS' ASSOCIATION NUMBER ONE, INC.

2. Principal Office Address 3604 HARDEN BOULEVARD Suite, Apt. #, etc.		3. Mailing Office Address 3604 HARDEN BOULEVARD Suite, Apt. #, etc.	
City & State LAKELAND, FLORIDA		City & State LAKELAND, FLORIDA	
Zip 33803	Country USA	Zip 33803	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/22/99

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY F. CAMPBELL, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
4740 CLEVELAND HEIGHTS BOULEVARD
Suite, Apt. #, Etc.

City
LAKELAND

State
FL

Zip Code
33813

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-12720700--01086--019
***245.00 ***245.00

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 Timothy F. Campbell Date 11/29/00

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
PD	RICK BARBER	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803
VD	MARK MARLOW	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803
STD	BUD LONG	3604 HARDEN BOULEVARD	LAKELAND, FLORIDA 33803

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: Richard Barber Date 11/29/00 Daytime Phone # 647-1100 x223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD BARBER

CR2E081 (9/99)

