

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -7 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **736232**

1. Corporation Name

THE WOODGATE HOMEOWNERS' ASSOCIATION, INC.

2. Principal Office Address **25941 4519 North**
P.O. BOX 14153

3. Mailing Office Address
P.O. BOX 14153

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

33766

Country

USA

Zip

33766

Country

USA

REINSTATEMENT **93-05**
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/04/1974

5. FEI Number
20-2282879

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
JENNIFER RITTER

Street Address (P.O. Box Number is Not Acceptable)
2345 ASHMORE DRIVE

Suite, Apt. #, Etc.

City
CLEARWATER

State
FL

Zip Code
33763-1646

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

Jennifer Ritter
REGISTERED AGENT MUST SIGN

Date 02-05-05

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
P	JENNIFER RITTER	2345 ASHMORE DRIVE	CLEARWATER/FL/33763-1646
V/D	NORMAN V. TROUTMAN	2379 WILLOW TREE TRAIL	CLEARWATER/FL/33763-1631
S/D	RITA G. HEWETT	2364 TIMBERCREST CIRCLE S.	CLEARWATER/FL/33763-1622
T/D	THOMAS M. CLEGG	2379 WILLOW TREE TRAIL	CLEARWATER/FL/33763-1631

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:

Jennifer Ritter President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-05

Date

727-741-0848

Daytime Phone #

CR2E081 (01/05)