

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753473

1. Corporation Name

Northwood Association, Inc.

2. Principal Office Address

Tamara L. Smith

Suite, Apt. #, etc.

2815 Northwood Cir

City & State **Sarasota, FL 34234**

Sarasota FL

Zip

34234

Country

Sarasota

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

Zip

Country

REINSTATEMENT

03-04

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

7/24/80

5. FEI Number

59-2610816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cynthia T. Franklin

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

4586 Northwood Terrace

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

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 T. Franklin

REGISTERED AGENT MUST SIGN

Date August 8, 2004

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	Tamara L. Smith	2815 Northwood Cir.	Sarasota, FL 34234
VP	James Dinci	4646 Northwood Ter.	Sarasota, FL 34234
S	Heather Zangara	2832 Northwood Cir.	Sarasota, FL 34234
T	Cynthia Franklin	4586 Northwood Ter.	Sarasota, FL 34234

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:

Cynthia T. Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/04

Date

941-351-3793

Daytime Phone #

CR2E081 (01/04)