PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 23 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754017

1. Corporation Name

THE WOODLAND OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2492 P. O. BOX 2492 FORT PIERCE FL 34954	P O BOX 2492 P. O. BOX 2492 FORT PIERCE FL 34954

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/02/1980

5. FEI Number: 59-2067635 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	KELLY, JEANNE	~~2513 SOUTH 17TH STREET #205~~ 1912 Royal Palm Dr	FORT PIERCE FL 34982
SD	CARLIN, ROBERT S	2516 S 19TH ST 102	FT. PIERCE FL
TD	FEE, MARY K	~~2050 OLEANDER BLVD BLDG 6-101~~ 1300 Seaway Dr. A-4	FT PIERCE FL 34949

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8. Name and Address of Current Registered Agent

KELLY, JEANNE
~~2513 SOUTH 17TH STREET #205~~
FORT PIERCE FL 34982

9. Name and Address of New Registered Agent

Name: Kelly JEANNE
Street Address (P.O. Box Number is Not Acceptable): 1912 Royal Palm Dr.
Suite, Apt. #, Etc.:
City: Ft. Pierce State: FL Zip Code: 34982

CR2E040 (9/98)

10. I, being 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: Jeanne Kelly SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 11/18/98

11. This corporation owes or has paid 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: SIGNATURE REQUIRED Jeanne Kelly PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/98 (561) 461-4895
Date / Daytime Phone #