PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756860

1. Corporation Name

WILDWOOD PROPERTY OWNERS' ASSOCIATION, INC.

REINSTATEMENT 86-04

2. Principal Office Address		**3.** Mailing Office Address	
2147 Porter Lake Drive		2147 Porter Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite B		Suite B	
City & State		City & State	
Sarasota, FL		Sarasota, FL	
Zip	Country	Zip	Country
34240-8854	USA	34240-8854	USA

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1981

5. FEI Number 59-2213633 ☐ 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
Tim D. Haines

800028321218
02/06/04--01016--019 **134

134.50

Street Address (P.O. Box Number is Not Acceptable)
125 NE First Avenue

Suite, Apt. #, Etc.
Suite 1

City: Ocala | State: FL | Zip Code: 34470-6675

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 _____ Date 02/04/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Kevin E. Brundage	2147 Porter Lake Dr., Suite B	Sarasota, FL 34240-8854
STD	William F. Scutt	2147 Porter Lake Dr., Suite B	Sarasota, FL 34240-8854
D	Tim D. Haines	125 NE First Avenue, Suite 1	Ocala, FL 34470-6675

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: TIM D. HAINES 02/04/2004 (352) 732-8121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #