2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07050								ž + ma.			
Enlity Name WOODBRIDGE ESTATES ASSOCIATION, INC.							2007 OCT 12 PM 1:53				
Principal Place of Business 2685 MOSS OAK DR. SARASOTA, FL 34231			268	g Address 5 MOSS OAK DR. ASOTA, FL 34231		<u> </u>	SECRETARY OF STATE TALLAHASSEE.FLORID				
Principal Place of Business - No P.O. Box # Address						101					
Suite, Apt. #. etc.				2477 Stickneytoin FRC Suite. Apr. Jetc. 118A			09192007 REIN-NP CR2E099 (1/07)				
City & State			نگ	Sarasota, F			4. FEI Number 65-000752	20		Applied For Not Applicable	
Zip	Country		3	34231			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name	and Address of Curre	nt Registere	ed Agent			7. Name and Add	ress of New Reg	istered Agent		
TATUM, JOAN J 4152 MOSS OAK PL SARASOTA, FL 34231						Name Street Address (P.O. Box Number is Not Acceptable)					
						- Charles and the second and the sec					
						ty FL Zip Code					
	named entity ions of regist	submits this statement ered agent.	t for the purp	ose of changing its	egistered office of	or register	ed agent, or both, in	the State of Floric	da. I am familiar wi	th, and accept	
SIGNATURE		or printed name of registered ag	reni and title il app	vicable. (NOTE	Registered Agent sign	nature require	ed when reinstating)		DATÉ		
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50 In accordance with s. 607.193(2)(1 corporation did not receive the print of t							F.S., the notice.		e check payable Department of	I	
10.		OFFICERS AND	DIRECTORS	CTORS 11.				ES TO OFFICERS AND DIRECTORS IN 10			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE:											
SIGNAI	OKE: _	SIGNATURE AND THE	Charles No.	E OF SIGNING OFFICER O	RORECTOR		Vary	Date Control	Davisme Phone	- 18/1	

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