

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

98 AUG -5 AM 8:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N44105**

1. Corporation Name
**WHISPERING PINES OF ROYAL PALM BEACH
 HOMEOWNERS ASSOCIATION, INC. A FLORIDA CORPORATION**

Principal Place of Business Mailing Address

**110 COUNTRY CLUB DR.
 ROYAL PALM BEACH, FL 33411**

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		OCT 30, 1991	
City & State		City & State		5. FEI Number	
Zip		Zip		650404306	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	STEVEN F. PAUL	110 COUNTRY CLUB DR	ROYAL PALM BEACH, FL 33411
VP.	RICHARD BARRETT	✓	✓
Treas.	PETER SMITH	✓	✓

REINSTATEMENT 92-98
B. 8/6

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
STEVEN F. PAUL 110 COUNTRY CLUB DR ROYAL PALM BEACH, FL 33411		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		000002610940-5	
		Suite, Apt. #, Etc.	
		-08/07/98-01085-002	
		City	
		****603.75 State Zip Code	
		FL	

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: **Steven F. Paul** Date: **6/23/98**
 REGISTERED AGENT MUST SIGN

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)(l), 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: **Steven F. Paul** Date: **6/24/98** (501) 790-0201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)