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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 22 AM 7:38

DOCUMENT # N96000005220

1. Corporation Name THE WOODS OWNERS' ASSOCIATION, INC.

REINSTATEMENT 02-04

2. Principal Office Address		**3.** Mailing Office Address	
425 E. Hollywood Blvd.		P. O. Box 4246	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite D			
City & State		City & State	
Mary Esther, FL		Fort Walton Beach, FL	
Zip	Country	Zip	Country
32569	USA	32549	USA

4. Date Incorporated or Qualified To Do Business in Florida October 6, 1996

5. FEI Number 59-3420971 ☐ 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: Hall, Steven K

Street Address (P.O. Box Number is Not Acceptable): 4393 Commons Drive East

Suite, Apt. #, etc.: Suite 300

City	State	Zip Code
Destin	FL	32541

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 July 14, 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	Prentice M. Thomas	35 Bay Drive	Fort Walton Beach, FL 32548
VSD	Davage J. Runnels, Jr.	4393 Commons Dr. East	Destin, FL 32541
TD	Anna Y. Moore	113 Yacht Club Court	Fort Walton Beach, FL 32548

100039641931
07/26/04 01036--027 **183.75

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: _____ Prentice M. Thomas June 21, 2004 (850)243-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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THE WOODS OWNER'S ASSOCIATION, INC.
425 E. Hollywood Boulevard, Suite D
Mary Esther, Florida 32569

June 21, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Reinstatement Office:

RE: THE WOODS OWNERS' ASSOCIATION, INC.

This letter is to request a waiver of reinstatement cost for the above corporation. We did not receive renewal notices for the years 2002, 2003 or 2004. We have inclosed a check in the amount of $183.75, the annual filing fee ($61.25) required for each of these years.

Thank you,

Prentice M. Thomas
President