

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**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.

2. Principal Office Address

425 E. Hollywood Blvd.

Suite, Apt. #, etc.

Suite D

City & State

Mary Esther, FL

Zip

32569

Country

USA

3. Mailing Office Address

P. O. Box 4246

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32549

Country

USA

REINSTATEMENT

02.04

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)

43994 Commons Drive East

Suite, Apt. #, etc.

Suite 300

City

Destin

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

July 14, 2004

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
07/20/04 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 filling 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]

Prentice M. Thomas

June 21, 2004 (850)243-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/04

THE WOODS OWNER'S ASSOCIATION, INC.

425 E. Hollywood Boulevard, Suite D

Mary Esther, Florida 32569

June 21, 2004

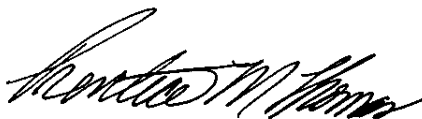
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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