PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47803

1. Corporation Name
WOODFIELD OAKS COMMUNITY ASSOCIATION, INC.
W99000078115

Principal Place of Business
WOODFIELD OAKS SUBDIVISION

Mailing Address
c/o P.O. Box 1125
Clarcona, FL 32710

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

REINSTATEMENT 95-99

4. Date Incorporated or Qualified To Do Business in Florida: 3-12-92

5. F.E.I. Number: 59-3507393 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DAWN J. ROFFEY D	1580 WOODFIELD OAKS Dr. D	Apopka, FL 32703
VP	WILLIAM KELLY D	1448 WOODFIELD OAKS Dr. D	Apopka, FL 32703
T	MICHELLE LONGONIC D [illegible] CRAWFORD TR D	APOPKA FL 32703	

900002869719---2
-05/10/99--01120--014
****420.00 ****420.00

900002869719---2
-05/10/99--01120--016
******8.75 ******8.75

8. Name and Address of Current Registered Agent

DAWN ROFFEY
1580 WOODFIELD OAKS Dr
APOPKA, FL 32703

9. Name and Address of New Registered Agent

Name: SAME

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City: FL

900002869719---2
-05/10/99--01120--015
*****52.50 *****52.50

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: [signature] REGISTERED AGENT MUST SIGN

Date: 3/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes X 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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAWN J. ROFFEY

3/29/99 (Date) 407 299 8871 (Daytime Phone #)

CR2E081 (12/98)