

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 MAR 12 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N12250*

1. Corporation Name
*Whisper Lakes Unit 7 Homeowners
Association, Inc*

2. Principal Office Address
11642 Ottawa Ave

Suite, Apt. #, etc.

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

Zip
32837

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
54-2810728

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
Emelda C. Dyer
Street Address (P.O. Box Number is Not Acceptable)
11507 Keeley Ct
Suite, Apt. #, Etc.

600003831726-3
-03/13/01--01002--016
*****367.50 ****367.50*

City
Orlando

State Zip Code
FL 32837

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 *Emelda C. Dyer*
REGISTERED AGENT MUST SIGN

Date *3-12-01*

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
<i>Pres</i>	<i>John A Dyer</i>	<i>11507 Keeley Ct</i>	<i>Orlando FL 32837</i>
<i>VP</i>	<i>Gregory McKnight</i>	<i>2624 Whisper Lakes Club Circle</i>	<i>Orlando FL 32837</i>
<i>Sec/Treas</i>	<i>Emelda C Dyer</i>	<i>11507 Keeley Ct</i>	<i>Orlando FL 32837</i>

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: *Emelda C. Dyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01 *407-240-1234*
Date Daytime Phone #

CR2E081 (9/00)