## PLEASE READ ALL INSTRUCTIONS 8EFORE COMPLETING THIS FORM.

1	RPORATION ISTATEMENT	FLORIDA DEPARTMENT OF S Katherine Harris Secretary of State DIVISION OF CORPORATIONS	TATE	FILED SLORE FARY OF STATE THY ISTON OF CORPORATIONS OI SEP 26 PM 4: 18		
DOCUMENT # N 9400000 1108						
Woodbury Glen Homeowner's Assoc. Inc.			- Coc	,		
22. Principal Office Address 190 North Westmonte Drive 190 North Westmonte Drive				REINSTATEMENT99-01		
Suite 100 Suite		Suite, Apt. #, etc. Suite 100	To Do Bu	Date Incorporated or Qualified     To Do Business in Florida     3 · 2 · 9 4		
Attamonte Springs FL Altamo		Altamonte Springs F	1 59 FEI Numi		—i	
Zip 32-	114 USA	32714 USA	6. CERTIFICA	TE OF STATUS DESIRED   SO 1/E (Additional) For its	enilo s dan	
7. Name and Address of Current Registered Agent						
	Name Marilyn Campbell 200004518352   8					
	Street Address (P.O. Box Number is Not Acceptable) 90 NOAh Westmonte Drive ****420.00 *****420.00					
Suite, Apt. #, Etc. Suite 100						
•	city Altamonte Spr	rings		State Zip Code		
So 1, 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 Pate Pate Pate Pate Pate Pate Pate Pat						
S. 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 Addres Officer and/o	s of Each Director	City / State / Zip		
PD-	David Rice	- 12809-Woodbu	y Gen Dr.	Orlando FL 32828		
D	Dawn Linares	12732 Woodbu	iny Gen Dr.	Orlando FL 32828		
D	Larry Lenz	12730 Woodbu	ry Oaks Dr.	Orlando FL 32828		
D	Hal Hesterly	12827 Woodb	ury Glen Dr.	Orlando FL 32828		
D	Bob Sivill	12744 Woodbu	ry Glen Dr.	Orlando PL 32828		
D	Eric Brown	12755 Wood 6	ury Oaks Dr	Orlando FL 32828		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phorie #						