

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **565220**

1. Corporation Name

WOODLAKE DEVELOPMENTS, INC

2. Principal Office Address

**2706 YARMOUTH DR
WELLINGTON FL**

3. Mailing Office Address

**2706 YARMOUTH DR
WELLINGTON FL**

Suite, Apt. #, etc.

ZIP 33414

Suite, Apt. #, etc.

ZIP 33414

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

59-5787804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

T. PURRE

500005182215-8

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

2706 YARMOUTH DR

04/02/02-01021-082

*****\$900.00 ***\$900.00**

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

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

P/S/D

TARMO PURRE

2706 YARMOUTH DR

**WELLINGTON FL
33414**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRES

Date

Daytime Phone #

Feb 18/02 561-7933202

CR2E081 (9/01)