

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **565220**

1. Corporation Name

**WOODLAKE DEVELOPMENTS, INC**

2. Principal Office Address - No P.O. Box #

**5924 Chimney Rock Dr**

Suite, Apt. #, etc

3. Mailing Office Address

**"**

Suite, Apt. #, etc.

**"**

City & State

**HOSCHTON, GA**

City & State

**"**

Zip

**30548**

Country

**HALL**

Zip

**"**

Country

**"**

7. Name and Address of Current Registered Agent

Name

**ERIC PURRE**

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

**1173 HILLSBORO MILE**

Suite, Apt. #, Etc.

**2-2**

City

**HILLSBORO BEACH**

State

**FL**

Zip Code

**33062**

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]*

*[Signature]*

Date

**2/22/15**

REGISTERED AGENT MUST SIGN

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
<b>DIR</b>	<b>TARMO PURRE</b>	<b>5924 Chimney Rock Dr</b>	<b>HOSCHTON, GA 30548</b>
<b>PRES</b>	<b>TARMO PURRE</b>	<b>5924 Chimney Rock Dr</b>	<b>HOSCHTON, GA 30548</b>
<b>S</b>	<b>TARMO PURRE</b>	<b>5924 Chimney Rock Dr</b>	<b>HOSCHTON, GA 30548</b>
<b>T</b>	<b>TARMO PURRE</b>	<b>5924 Chimney Rock Dr</b>	<b>HOSCHTON, GA 30548</b>
<b>CEO</b>	<b>TARMO PURRE</b>	<b>5924 Chimney Rock Dr</b>	<b>HOSCHTON, GA 30548</b>
<b>REINSTATEMENT</b>			<b>APR 6 2015</b>

10. E-mail Address: **tp 1738 @ ATT.NET**

**R. HUNT**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-15**

Date

**770-967-7728**

Daytime Phone #

15 APR -6 AM 8:13

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

**1979**

5. FET Number

**59-1787804**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**300270421313**

**04/06/15--01032--017 \*\*158.75**

**300270421313**

**03/03/15--01049--028 \*\*750.00**