PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
22 OCT 14 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726260

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10/14/22--01008--010 **235.25

CR2E081 (11/10)

1. Corporation Name
WHISKEY CREEK VILLAGE GREEN SECTION TWO ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2830 WINKLER AVE	"
Suite, Apt. #, etc: SUITE 101	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: 33916 Country: LEE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-1-1975

5. FEI Number: 59-1452912 ☐ 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: MY TOWN COMMUNITIES LLC
Street Address (P.O. Box Number is Not Acceptable): 2830 WINKLER AVE
Suite, Apt. #, Etc.: 101
City: FORT MYERS State: FL Zip Code: 33916

OCT 14 2022
R. HUNT

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: _____ Date: 10/6/22
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
PRES	JAN KOTCAMP	5593 WESTWIND LANE	FORT MYERS - FL 33916
SEC	KAROL HEIDBREDER	5549 WESTWIND	FORT MYERS - FL
TRES	(ROLAND) ROLAND KOTCAMP	5593 WESTWIND LANE	FORT MYERS - FL
D	BARBARA JOHNSON	5569 WESTWIND LANE	FORT MYERS - FL
D	KATHLEEN LYNCH	5560 HAMLET LANE	FORT MYERS - FL
D	DAVID ROBINSON	6559 WESTWIND LANE	FORT MYERS FL
D	TOM LEWANDOWSKI	5548 HAMLET LANE	FORT MYERS FL

10. E-mail Address: OFFICE@MYTOWNFL.COM
(To be used for future annual report notification)

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: Janice K. Kotcamp 10-7-2022
NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #