

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 PM 3:48

DOCUMENT # 743570

1. Corporation Name

Woodrun Homeowners' Association, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

8213 Bristol Ct.

City & State

Tallahassee FL

Zip

32311

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

8213 Bristol Ct.

City & State

Tallahassee FL

Zip

32311 US

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/14/1978

5. FEI Number

59-3577289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

100019745821
05/22/03--01080--004 **122.50

7. Name and Address of Current Registered Agent

Name

Patricia Hood

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

8213 Bristol Ct.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

Patricia Hood

Date 04-17-03

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
TD	Hood, Patricia	8213 Bristol Ct.	Tallahassee FL 32311
VPD	Strubble, Lawrence	2161 Portsmouth Circle	Tallahassee FL 32311
PD	Grey, Lewis	8208 Bristol Ct.	Tallahassee FL 32311

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:

Patricia Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03 850-878-1889

Date

Daytime Phone #

CR2E081 (10/02)