

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 17 PM 4:34

RECEIVED
STATE
SECRETARY OF STATE
FLORIDA

DOCUMENT # 743943

1. Corporation Name

THE WOODS OF SOUTHRIDGE, INC

2. Principal Office Address

2551 SUNNY AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

PMB 199

Suite, Apt. #, etc.

1730 S. FEDERAL HWY

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH

Zip

33444

Country

USA

Zip

33483

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 16, 1978

5. FEI Number

59-2052035

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

RICHARD FREEBORN

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

2551 SUNNY AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33444

300055378703

05/26/05--01065--012 **378.25

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]

Date APRIL 14, 2005

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
P	JACQUELINE FREEBORN	2551 SUNNY AVENUE	DELRAY BEACH, FL 33444
SD	LIA BRYANT	2464 SOUTHRIDGE ROAD	DELRAY BEACH, FL 33444
TD	RICHARD FREEBORN	2551 SUNNY AVENUE	DELRAY BEACH, FL 33444
D	JOHN SCHROEDER	2560 ELLA STREET	DELRAY BEACH, FL 33444

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]

RICHARD FREEBORN

APRIL 14, 2005

904.607.3726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)