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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEM		EMENT			DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS					FILED 2007 HAY -4 AM 9: 22	
DOCUMENT # つ 4 5 2 4 5 1. Corporation Name										SECRETARY OF STATE TALLAHASSEE.FLORIDA	
A Place in The Woods Property Owners Association Inc.									DEINOTATEMENT O S-9		
9012 Green Meadows Way				3. Mailing Office Address 9012 Green Meadows Way				ау	REINSTATEMENT CR2E081 (1/07)		
Suite, Apt. #, etc. Suite					te, Apt. #, etc.					porated or Qualified 12/13/1978	
City & State Palm Beach Gardens Florida Palm					Beach Gardens Florida			da	592298523 Applied For Not Applicable		
<sup>Zip</sup> 33418	418 Country United States		<sup>Zip</sup> 33418		Countr	ed States	- \$	6. CERTIFICAT	E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								1			
Patrick Guthrie									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
Street Address (P.O. Box Number is Not Acceptable) 9115 Green Meadows Way											
Suite, Apt. #, Etc.											
Palm Beach Gardens						fee be waived.					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-									bligations of section 607.0505 or 617.0503, F.S.  Date 05/02/07		
REGISTÉRED 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				a directory	City / State / Zip	
Р	Patrick Guthrie				9115 Green Meado			dov	vs Way	Palm Beach Gardens Fla. 33418	
VP	Ronal	ake	9143 Green Meado			dov	vs Way	Palm Beach Gardens Fla. 33418			
Т	Mark	sser	9058	Gre	en Mead	dov	vs Way	Palm Beach Gardens Fla. 33418			
SD	John	owell	9240	Gre	en Mead	dov	vs Way	Palm Beach Gardens Fla. 33418			
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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 filling 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 contained in Chapter 119, 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 Date Distore Phone #											