PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -8 AM 10:29

DOCUMENT # 758714

1. Corporation Name
Waymar Condominium Owners Association, Inc.

300168243823
02/08/10--01064--002 **1470.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4770 Rolling Field Lane	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holt, Florida	City & State
Zip: 32564 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-15-1981

5. FEI Number: 59-2952099 ☐ 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: Kenneth Woodard
Street Address (P.O. Box Number is Not Acceptable): 4770 Rolling Field Lane
Suite, Apt. #, Etc.:
City: Holt State: FL Zip Code: 32564

☒ 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 fee be waived.

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: 10-22-09
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.	Kenneth Woodard	4770 Rolling Field Lane	Holt, Fl. 32564
V-Pres	Steve Myers	123 Country Club Rd, Shalimar, Fl.	Shalimar, Fl. 32579
Sec. Treas	Patricia Woodard	4770 Rolling Field Lane	Holt, Fl. 32564

REINSTATEMENT 87-10
PD 2/9/10

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. 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 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] Kenneth Woodard 2-2-2010 850-259-0267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #