

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758899

1. Corporation Name

Woodcrest Townhomes Association, Inc.

2. Principal Office Address

1938 Woodcrest Drive

3. Mailing Office Address

1938 Woodcrest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1981

5. FEIN Number

59-2144910

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

Robert W. Bowles

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

265 W. Lake Faith Drive

Suite, Apt. #, Etc.

City

Maitland

State

FL

Zip Code

32751

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

REGISTERED AGENT MUST SIGN

Date February 28, 2006

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
D/P/T/S	Cecelia, Mary	1938 Woodcrest Drive	Winter Park, FL 32792
D	Rivers, John T.	1936 Woodcrest Drive	Winter Park, FL 32792
D	Eberts, Frances L.	2200 Panther Trail #208	Austin, TX 78704
D	Bowles, Robert W.	265 W. Lake Faith Drive	Maitland, FL 32751

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 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:

Robert W. Bowles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/06

Date

407-647-2647

Daytime Phone #