

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 22 PM 4:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766050

1. Corporation Name

Whisperwood II Homeowners Association, Inc

2. Principal Office Address
SAME

3. Mailing Office Address

3675 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, Florida

Zip

Country

Zip

33901

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/82

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name Ray Suprenard

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

3675 Broadway

Suite, Apt. #, Etc.

City

Fort Myers,

State

FL

Zip Code

33901

REINSTATEMENT 88-06

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

Ray Suprenard

Date March 9, 2006

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	David Alden Moore	3675 Broadway	Fort Myers, Florida 33901
VP	Ray Suprenard	SAME	SAME
ST	Bill Loeske	SAME	SAME

500069441235
04/04/06--01053--017 **1338.75

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:

Ray Suprenard

March 9, 2006 239-936-2884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00 Williams MAR 29 2006