

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 770734

00 DEC -5 PM 4:39

1. Corporation Name

WILD DOVE ESTATES PROPERTY OWNERS ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

4810 WILD DOVE LANE
SARASOTA FL 34232

4810 WILD DOVE LANE
SARASOTA FL 34232

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For.

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PENIX, GREG	4834 WILD DOVE DR.	SARASOTA FL 34232
VD	MULLETT, WILLIS	4856 WILD DOVE DR.	SARASOTA FL 34232
T	VOKUS, TERI	4810 WILD DOVE DR.	SARASOTA FL 34232
SD	GRAY,, CECELIA	4811 WILD DOVE LN.	SARASOTA FL 34232

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENIX, GREG
4834 WILD DOVE LANE
SARASOTA FL 34232

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Greg Penix

Date 24 OCT 2000

REGISTERED AGENT MUST SIGN

11. 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:

Teri Vokus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00

Date

941-377-3425

Daytime Phone #

CR2040 (8/00)