


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000008349</b> 1. Entity Name WOODBINE COMMONS COMMERCIAL CENTER ASSOCIATION, INC.					
Principal Place of Business 7741 N. MILITARY TRAIL, 3RD FLOOR SUITE 1 PALM BEACH GARDENS, FL 33410 US			Mailing Address 7741 N. MILITARY TRAIL, 3RD FLOOR SUITE 1 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business 5601 Corporate Way Suite, Apt. #, etc. Suite 404 City & State West Palm Beach, FL Zip 33407 Country USA		3. Mailing Address 5601 Corporate Way Suite, Apt. #, etc. Suite 404 City & State West Palm Beach, FL Zip 33407 Country USA			
6. Name and Address of Current Registered Agent SCHICKEDANZ, G H 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name <u>Brian K. Warman</u> Street Address (P.O. Box Number is Not Acceptable) 5601 Corporate Way Suite 404 City <u>West Palm Beach</u> <u>FL</u> Zip Code <u>33407</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u> <span style="float: right;">3/15/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHICKEDANZ, G H 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Brian K. Warman 5601 Corporate Way Suite 404 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD APPELGATE, THOMAS A 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREESE, GAIL 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400050267254 04/11/05--01002--024 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/15/05</u> (561)687-5800 <small>Phone #</small>		

**FILED**  
 05 MAR 29 AM 8:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA.  
**REINSTATEMENT** 04-05



03012005 REIN-NP CR2E099 (6/04)

4. FEI Number 01-0702406 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

T. Roberts APR 04 2005