

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:55

DOCUMENT # **N01000002503**

1. Corporation Name

WYNDGATE HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 5000 BOYD ST
 11/04/02--01061--011 **245.00

Principal Place of Business

5909-D HAMPTON OAKS PARKWAY
 TAMPA FL 33610

Mailing Address

5909-D HAMPTON OAKS PARKWAY
 TAMPA FL 33610



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/10/2001

5. FEI Number

59-375-7533

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALEXANDER, BRETT K	5909-D HAMPTON OAKS PARKWAY	TAMPA FL 33610
VD	MALONE, PAMELA	5909-D HAMPTON OAKS PARKWAY	TAMPA FL 33610
STD	SWAIN, LINDA	5909-D HAMPTON OAKS PARKWAY	TAMPA FL 33610

8. Name and Address of Current Registered Agent

FRESE, GARY B
 930 S HARBOR CITY BLVD SUITE 505
 MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name: **WILLIAM C. SPIVEY**
 Street Address (P.O. Box Number is Not Acceptable): **16105 N FLORIDA AVE**
 Suite, Apt. #, Etc.: **SUITE A**
 City: **LUTZ** State: **FL** Zip Code: **33549-6161**

CR2E040 (802)

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. or 617.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **10-30-02**

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/28/02** Daytime Phone # **813-620-2997x206**