

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000005103

1. Corporation Name

Woodtrace of Hernando Homeowners' Association, Inc.

2. Principal Office Address - No P.O. Box #

33319 Woodtrace Drive

Suite, Apt. #, etc.

City & State

Ridge Manor, FL

Zip

33523

Country

USA

3. Mailing Office Address

33319 Woodtrace Drive

Suite, Apt. #, etc.

City & State

Ridge Manor, FL

Zip

33523

Country

USA

7. Name and Address of Current Registered Agent

Name

Deborah Staroba

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

33319 Woodtrace Drive

Suite, Apt. #, Etc.

City

Ridge Manor

State

FL

Zip Code

33523

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

Deborah Staroba

REGISTERED AGENT MUST SIGN

Date

10-22-07

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
PD	Lynn Spivey	33341 Woodtrace Drive	Ridge Manor, FL 33523
TSD	Deborah Staroba	33319 Woodtrace Drive	Ridge Manor, FL 33523
D	Emma Lou Amos	33305 Woodtrace Drive	Ridge Manor, FL 33523
D	Clay Flanagan	33396 Woodtrace Drive	Ridge Manor, FL 33523
D	Joan Funderburk	4456 Secretariat Run	Brooksville, FL 34609

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:

Deborah Staroba

Deborah Staroba, Sec./Treas.

Date

10-22-07

813-541-3564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

07 OCT 25 PH 2: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200111352842
10/25/07--01040--010 **297.50

REINSTATEMENT
CH2E081 (1/07)

06-67

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 18, 2001

5. FEI Number

59-3731987

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.