

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR -7 AM 10:46

DOCUMENT # 2000006912

1. Corporation Name Millwood Oaks Condominium  
2268-2 Wednesday St  
Tall. FL. 32308

200033101562  
04/19/04--01080--008 \*\*122.50

2. Principal Office Address

6721 Walden Cir Tall  
Suite, Apt. #, etc.

3. Mailing Office Address

2268-2 Wednesday St  
Suite, Apt. #, etc.

City & State

Tallahassee

Zip

32308

Country

Leon

City & State

Florida

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0775903

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tom Perkins

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

1690 Raymond Diehl Rd

Suite, Apt. #, Etc.

Tallahassee

City

FL

State

FL

Zip Code

32308

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

*[Signature]*

Date

4-7-04

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
Pres/Vice	Charlene Hinson	6721 Walden Cir	Tall FL 32317
Sec	Tom Perkin	1690 Raymond die	Tall FL 32308

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 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:

Charlene Hinson

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04  
Date

656-9333  
Daytime Phone #

CR2E081 (9/01)

292

MILLWOOD OAKS  
CONDIMINIUM ASSOC., INC. LOT 5  
2268-2 WEDNESDAY STREET  
TALLAHASSEE, FL 32308  
APRIL 7, 2004

DIVISION OF CORPORATIONS  
FLORIDA SECRETARY OF STATE  
409 GAINES STREET  
TALLAHASSEE, FL

ref: NO2000006912  
DOCUMENT NUMBER

DEAR SIR & MADAM:

WE DID NOT RECEIVE OUR 2003 ANNUAL RESTATEMENT  
NOTICE AND ARE REQUESTING WAIVER OF THE  
LATE FILING PENALTY FEE AND REINSTATEMENT  
OF OUR NON-PROFIT CORPORATION TO ACTIVE  
STATUS. ALL APPROPRIATE FORMS AND A CHECK #501  
IN THE AMOUNT OF 122.50 (for 2003 & 2004) ARE  
ATTACHED.

Kindest Regards  
Charlene Hinson

CHARLENE HINSON, PRESIDENT