

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007339

1. Corporation Name

Waterway Patio Homes Condominium Association, Inc., Phase II

2. Principal Office Address

6349 Sagewood Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 65

Suite, Apt. #, etc.

City & State

Sebring, FL

City & State

Lorida, FL

Zip

33876

Country

USA

Zip

33857

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/25/2003

5. FEI Number

56-2400008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marie A. Brower

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

6349 Sagewood Lane

Suite, Apt. #, Etc.

City

Sebring

State

FL

Zip Code

33876

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

Marie A. Brower
REGISTERED AGENT MUST SIGN

Date Feb. 20, 2006

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
P/D	Willard David	203 Clubhouse Court	Sebring, FL 33876
VP/D	Luther Bohanon	220 Clubhouse Court	Sebring, FL 33876
S/T/D	Jack Sink	224 Pointe Place	Athens, GA 30605
D	Keith Yoder	1672 Emerson Dr SE	Palm Bay, FL 32909
D	Joseph R. Burgoyne	216 Clubhouse Court	Sebring, FL 33876

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:

Willard David
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-20-2006

Daytime Phone #