

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N06583*

1. Corporation Name *Whispering Pines East Sub-Division, Inc.*
Principal Place of Business *P.O. Box 20452 Tall. Fl. 32316*
Mailing Address

FILED
97 JUL -7 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *95-97*
ad

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

| | | | | | |
|--|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida <i>12.11.84</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number <i>59-0563128</i> | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|-------------------|-----------------------------------|---|------------------------|
| 1 | 2 | 3 | 4 |
| <i>Pres.</i> | <i>Shirley Lingerfelt</i> | <i>P.O. Box 20182 - NA</i> | <i>Tall. Fl. 32316</i> |
| <i>Vice Pres.</i> | <i>James Puffard</i> | <i>P.O. Box 20452 - NA</i> | <i>Tall. Fl. 32316</i> |
| <i>Sec.</i> | <i>Fina Kitcher</i> | <i>P.O. Box 20452 - NA</i> | <i>Tall. Fl. 32316</i> |
| <i>Treas.</i> | <i>Sandra Fink</i> | <i>P.O. Box 20452 - NA</i> | <i>Tall. Fl. 32316</i> |
| <i>D.</i> | <i>Betty [redacted] Whitfield</i> | <i>P.O. Box 20452 - NA</i> | <i>Tall. Fl. 32316</i> |
| <i>D.</i> | <i>Kent [redacted] Wade</i> | <i>P.O. Box 20452 - NA</i> | <i>Tall. Fl. 32316</i> |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|--|--|
| <i>Shirley Lingerfelt</i> <i>8476 Bulk Dr.</i> <i>Tall. Fl. 32310</i> | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | Suite, Apt. #, Etc. |
| | City |
| <i>500002233075--2</i> <i>-07/08/97--01078--004</i> <i>****358.75 ****358.75</i> State <i>FL</i> Zip Code | |

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.

Signature of Registered Agent *Shirley Lingerfelt (President)* Date *7-7-97*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Shirley Lingerfelt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

Board of Directors

- 1- Betty Whitfield ^{NA} P.O. Box 20452 - Tall. H. 32316
- 2- C. J. Whitfield - NA P.O. Box 20452 - Tall. H. 32316
- 3- Kent Wade - NA P.O. Box 20452 - Tall. H. 32316
- 4- Cindy Wade - NA P.O. Box 20452 - Tall. H. 32316
- 5- Tommy Collins ^{NA} P.O. Box 20452 - Tall. H. 32316