

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAR -6 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06583

1. Corporation Name

WHISPERING PINES EAST SUBDIVISION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 20452
TALLAHASSEE FL 32316

P.O. BOX 20452
TALLAHASSEE FL 32316

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

12/11/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0563128

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LINGERFELT, SHIRLEY WADE, Kent	P.O. BOX 20452, N/A 8473 Bay Cedar Dr.	TALLAHASSEE FL 32316-10
VP	SHIPMAN, KEITH	220 CHINKAPIN LN	TALLAHASSEE FL 32310
D	WILLIAMS SIGMAN, BILL Shick, Kevin	P.O. BOX 20452 (N/A) 8474 Bay Cedar Dr.	TALLAHASSEE FL 32316 10
T/S	PINK, SANDRA Collins, Brenda	P.O. BOX 20452, N/A 8495 Bay Cedar Dr.	TALLAHASSEE FL 32316 10
D	WADE, KENT Cindy	8473 BAY CEDAR DR	TALLAHASSEE FL 32310
D	SAFFORD, JAMES McDowell, Sandy	293 POST OAK DR 391 Mastic Lane	TALLAHASSEE FL 32310

8. Name and Address of Current Registered Agent

LINGERFELT, SHIRLEY
8476 BILK DR
TALLAHASSEE FL 32310
400003851614--8
03/13/01--01130--004
****297.50 ****297.50

9. Name and Address of New Registered Agent

Name Collins, Brenda
Street Address (P.O. Box Number is Not Acceptable)
8495 Bay Cedar Drive
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32310

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

Brenda Collins REQUIRED

Date

2/27/01 LS

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brenda Collins REQUIRED

Date

Daytime Phone #

2/27/01 850/487-3796

CR2E040 (8/00)