

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
JUL 23 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000006874

1. Corporation Name

Wolfbranch Meadows Subdivision Homeowners' Association, Inc.

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

10 W. Lakeview Ave.

3. Mailing Office Address

10 W. Lakeview Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eustis, Florida

City & State

Eustis, Florida

Zip

32726

Country

US

Zip

32726

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2007

5. FEI Number

46-0599188

☒ 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

Clayton H. Blanchard, Jr.

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

35 E. Pinehurst Blvd.

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

200237682272
07/20/12--01028--009 **481.25

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

Clayton H. Blanchard, Jr.

REGISTERED AGENT MUST SIGN

Date 7/18/12

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	Dan J. Cordle	20804 C.R. 44-A	Eustis, Florida 32726
S/T/D	Joanne Taylor	2234 Wolf Ridge Lane	Mt. Dora, Florida 32757
D	Anna Cordle	10 W. Lakeview Ave.	Eustis, Florida 32726
			S. HAWKES
			JUL - 2012

10. E-mail Address: taylorjoanneb@earthlink.net

(To be used for future annual report notification)

EXAMINER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Dan Cordle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/12

Date

352-589-7002

Daytime Phone #