

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 12 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO7124**

1. Corporation Name

**THE WOODLANDS TOWNHOMES OWNERS
ASSOCIATION, INC.**

W04000020187

2. Principal Office Address

619 WOODSMAN DR

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32506

Country

ESCAMBIA

3. Mailing Office Address

SAHE

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/15/1985

5. FEI Number

592687639

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

DORIS DENTON

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

619 WOODSMAN DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

Doris Denton

REGISTERED AGENT MUST SIGN

Date

4-21-04

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	DORIS DENTON	619 WOODSMAN DR	PENSACOLA, FL 32506
V Pres	Becky Cosby	616 WOODSMAN DR	PENSACOLA, FL 32506
Secy	ENID WILSON	3360 HOLT CIRCLE	PENSACOLA, FL 32526

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:

Becky Cosby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-04
Date

Daytime Phone # **850-937-2120**

CR2E081 (01/04)