

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 22 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08600

1. Corporation Name

WILDER CREEK HOMEOWNERS ASSOCIATION, INC.
Rt. 3 Box 255
Mayo, Fl. 32066

2. Principal Office Address

Rt. 3 Box 255

Suite, Apt. #, etc.

City & State

Mayo, Fl. 32066

Zip

32066

Country

U.S.A.

3. Mailing Office Address

Rt. 3 Box 255

Suite, Apt. #, etc.

City & State

Mayo, Fl. 32066

Zip

32066

Country

U.S.A.

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

04/09/1985

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

8802

7. Name and Address of Current Registered Agent

Name

Levis E. Lawson, Sr.

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

Rt. 3 Box 255

Suite, Apt. #, Etc.

City

Mayo,

State

FL

Zip Code

32066

500006706905-9
-07/26/02--01051--002
***1102.50 ***1102.50

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

Levis E. Lawson Sr

REGISTERED AGENT MUST SIGN

Date

7-16-2002

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	Lawson, Levis E., Sr.	Rt. 3 Box 255	Mayo, Fl. 32066
V/D	Lawson, Levis E., Jr.	Rt. 3 Box 255	Mayo, Fl. 32066
S/T/D	Lawson, Frances L.	Rt. 3 Box 255	Mayo, Fl. 32066

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:

Levis E. Lawson Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-16-2002

Daytime Phone #

386-294-1149

C-2E081 (9/01)