PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 JAN 15 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10040

1. Corporation Name

WILDWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 7023 4110 SOUTH FLORIDA AVENUE LAKELAND FL 33807-4023	P O BOX 7023 4110 SOUTH FLORIDA AVENUE LAKELAND FL 33807-4023

800002064528---1
-01/22/97--01101--003
****375.00 ****375.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/02/1985

5. FEI Number: 59-2577431 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~PD~~	~~WITHERS, ROBERT R~~	~~1431 PERSIMMON WAY~~	~~LAKELAND FL~~
TD	GOOD, MARGARET	4750 WILD FLOWER	LAKELAND FL
~~VP~~	~~RUNDA, CHERYL~~	~~1307 BRAMBLEWOOD DRIVE~~	~~LAKELAND FL~~
~~SD~~	~~MCCROAN, MIKE~~	~~1324 PRIMROSE CT~~	~~LAKELAND FL~~
D	QUEITZSCH, SUSAN	1329 BRAMBLEWOOD DRIVE	LAKELAND FL
PD	VELEZ, CHERYL	1426 PERSIMMON WAY	LAKELAND FL

8. Name and Address of Current Registered Agent

WITHERS, ROBERT R
1431 PERSIMMON WAY
LAKELAND FL 33811

1-15-97
1996-1997
REINSTATEMENT
A. Allen

9. Name and Address of New Registered Agent

Name: Cheryl Velez
Street Address (P.O. Box Number is Not Acceptable): 1426 Persimmon Way
Suite, Apt. #, Etc.:
City: Lakeland
State: FL Zip Code: 33811

CR2E040 (7/96)

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: ~~Margaret B Good~~ Cheryl Velez
REGISTERED AGENT MUST SIGN
Date: 10-22-96

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.

Margaret B Good

SIGNATURE: Cheryl Velez 10-22-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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