PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 30 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10040

1. Corporation Name
WILDWOOD HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address	**3.** Mailing Office Address
1433 MARIGOLD DR.	P.O. Box 7023
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL.	City & State: LAKELAND, FL.
Zip: 33811 Country: USA	Zip: 33807 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-02-1985

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. Name and Address of Current Registered Agent

Name: Judith K. Whiteman

Street Address (P.O. Box Number is Not Acceptable): 1433 MARIGOLD DR.

Suite, Apt. #, Etc.:

City: LAKELAND State: FL Zip Code: 33811

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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: Judith K. Whiteman
REGISTERED AGENT MUST SIGN

Date: 7-10-2001

CR2E081 (9/00)

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
D,P	Judith Whiteman	1433 MARIGOLD DR.	LAKELAND, FL 33811
D,VP	Randy Stepp	2801 DEERBROOKE DR.	LAKELAND, FL 33815
D,S	Julie Sillavan	1305 BRAMBLEWOOD Dr	LAKELAND, FL. 33811
D,T	George Radlen	1454 MARIGOLD DR.	LAKELAND, FL. 33811
D	Jim Delp	1327 PRIMROSE CT.	LAKELAND, FL. 33811
D	Susan Queitzsch	1329 BRAMBLEWOOD DR	LAKELAND, FL. 33811

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: Judith Whiteman - Judith Whiteman President July 10, 2001 863-709-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #