FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 APR 23 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28125

1. Corporation Name

Northwood Property Owners' Assoc, Inc

REINSTATEMENT 02-04

500033588485
04/22/04--01060--016 **297.50

2. Principal Office Address	3. Mailing Office Address
c/o Sadie Barfield 2022 Ford Drive	P.O. Box 1081
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, FL	City & State: Madison FL
Zip: 32340 Country: Madison	Zip: 32341 Country: Madison

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2946653 ☐ 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: Sadie J. Barfield

Street Address (P.O. Box Number is Not Acceptable): 2022 Ford Drive

Suite, Apt. #, Etc.:

City: Madison State: FL Zip Code: 32340

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: Sadie J. Barfield Date: 4/20/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/D/S	Sadie J. Barfield	2022 Ford Drive	Madison, FL 32340
VP/T/D	Melissa Proctor	2112 Ford Court	Madison, FL 32340
D	Cindy Jones	3101 Reagan Court	Madison, FL 32340

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: Sadie J. Barfield Sadie J. Barfield 4/20/04 8509736878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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