

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28125

1. Corporation Name

Northwood Property Owners' Assoc

W11-54607

2. Principal Office Address - No P.O. Box #

379 NE Nixon Loop

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1081

Suite, Apt. #, etc.

City & State

Madison FL

City & State

Madison FL

Zip

32340

Country

Madison

Zip

32341

Country

7. Name and Address of Current Registered Agent

Name

Donna Blair

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

379 NE Nixon Loop

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 Donna Blair

Date 10-21-11

REGISTERED AGENT MUST SIGN

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	Donna Blair	379 NE Nixon Loop	Madison FL 32340
V	Marvin Johnston	857 NE Ford Dr.	Madison FL 32340
S	Lila Webb	740 NE Nixon Loop	Madison FL 32340
T	Peggy Drummond	494 NE Nixon Loop	Madison FL 32340

10. E-mail Address: @

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donna Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-11

Daytime Phone #

FILED

11 NOV -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FL 32344

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400213612214
10/24/11--01044--005 **297.50