PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
	ORATION TATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		FIL 07 MAR 13 SECHETAGE	AM 2: 34	
DOCUMENT # N 31607 1. Corporation Name Wedgwood of THE Poro Club Homeowners Association, Inc					SECNATION STATE TALLAHASSEE, FLORIDA 900095806989 04/04/0701040025 ***608.75 REINSTATEMENT 01-07		
4723 NW 200 Avenue P.O. Box 6286					CR2E081	I (1/07)	
Suite, Apt. #, et	1-1-O	Suite, Apt. #, etc.		-4/-Date incorp	porated or Qualified— iness in Florida	4/10/1989	
	Rurow FL	City & State Book Re		5. FEI Numbe		Applied For Not Applicable	
^{Zip} 334	31 USA	33427	Country	6.	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Name GLORIA O. NORTH Street Address (P.O. Box Number is Not Acceptable) 2300 CADES RUAD **203-E Suite, Apt. #, Etc. City Box Raws State FL Zip Code 3343/ 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the object.				circum the pri are co receiv fee be	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. bligations of section 607.0505 or 617.0503, F.S.		
Signature of . Date . Date . Date . Date . Date . Date . Date . Date . Date . Date . Date . Date . Date . Date							
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	Name of Street Address of Eac Officers and/or Directors Officer and/or Director			City / State / Zip		
D 1	Bersy NAOBOY	16885	CHARLEY	CURT	Dezeny Ber	MCH, FL 33484	
D	ELAING MORGE	Hadde	CHARTLEY	COURT	Dawy Be	orcu, FL 33484	
D	de herey Gould	16821	Coccnesie	R GORT	Deeny Ber	NCH, FL 33484	
D	Lois CoseN	16800	COLLINEST	R COURT	Dury Be	MCH FL 33464	
	Muriel Linsky	16890	Couchester		Dereny Bos	нен, FL 33484	
	PATTY WOLBE	16810		REPL COURT	Dary BEN		
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 contained in Chapter 119, 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: SIGNATURE: SIGNATURE AND THE OR PRINTED AND THE DOR PRINTED AND THE OR PRINTED AND THE ORDER OF							
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SEASONS DESCRIPTION DATE OF SEASONS							