

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn F. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31797**

1. Corporation Name

WITHLACOOCHEE RIVER PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1776
GAINESVILLE FL 32602

P.O. BOX 1776
GAINESVILLE FL 32602

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

REINSTATEMENT

02-83

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1989

5. FEI Number

NOT APPLICABLE

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 3	City / State / Zip 4
PTD	HUNTER, WILLIAM WARD JR	POST OFFICE BOX 372 N/A	JASPER FL 32052
VSD	SULLIVAN, ELIZABETH B.	POST OFFICE BOX 372 N/A	MADISON FL 32341
D	SULLIVAN, LESLIE L.	POST OFFICE BOX 726 N/A	POST ON FL 32341
			000024335300 12/02/03--01046--010 **236.25
			000024335300 10/31/03--01068--012 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDEE, CARY A II
215 S.E. PINCKNEY STREET
MADISON FL 32340

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-27-2003**

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., 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 27 03 850-913-6221

CR2E040 (7/03)