

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 16 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N32703*

1. Corporation Name

*Northwood Homeowners Association,
Inc*

2. Principal Office Address

P.O. Box 963

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 963

Suite, Apt. #, etc.

City & State

Crawfordville FL

Zip

32326

Country

USA

City & State

Crawfordville FL

Zip

32326

Country

USA

REINSTATEMENT

00-03

4. Date Incorporated or Qualified
-- To Do Business in Florida

6/7/89

5. FEI Number

593022258

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

Kimberly Webb

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

209 Northwood Rd

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Kimberly Webb

REGISTERED AGENT MUST SIGN

Date

3-27-03

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
DP	<i>Donald J. Newsome</i>	<i>231 Northwood Rd</i>	<i>Crawfordville FL 32327</i>
DV	<i>JL Hertz</i>	<i>143 Northwood Rd</i>	<i>Crawfordville FL 32327</i>
DT	<i>Kimberly Webb</i>	<i>209 Northwood Rd</i>	<i>Crawfordville, FL 32327</i>
DS	<i>Kelli Kirkland</i>	<i>2216 Northwood Rd</i>	<i>Crawfordville, FL 32327</i>

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:

Kimberly Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-03

Date

850-926-1685

Daytime Phone #

CR2E081 (10/02)