

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FORMED**

2006 AUG -2 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36646

1. Corporation Name

WYNDTREE PHASE 2 ASSN., INC.

2. Principal Office Address

7420 Rawson Court

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip
34655

Country
USA

3. Mailing Office Address

28100 US 19 N.

Suite, Apt. #, etc.

305

City & State

CLEARWATER

Zip

33761

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1990

5. FEIN Number

593060103

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Jerry Gordon, President

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

7420 Rawson Court

Suite, Apt. #, Etc.

City

New Port Richey

State
FL

Zip Code
34655

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

REGISTERED AGENT MUST SIGN

Date

07/20/06

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	Jerry Gordon	7420 Rawson Court	New Port Richey, FL 34655
VP,D	Joe Lanza	7450 Evesborough Lane	New Port Richey, FL 34655
T,D	Betsy Poltarak	1038 Middlesex Drive	New Port Richey, FL 34655
S,D	Jeannine Timmins	7444 Evesborough Lane	New Port Richey, FL 34655
S,D	Jennifer Chianella	7412 Rawson Court	New Port Richey, FL 34655

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/20/06

Daytime Phone

727/372/7234

JERRY G. GORDON