

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37570**

1. Corporation Name

WILLA SPRINGS COMMERCIAL CENTER PHASE TWO-A OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

611 NORTH WYMORE ROAD
WINTER PARK FL 32789

611 NORTH WYMORE ROAD
WINTER PARK FL 32789



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

~~5405 Diplomat Circle~~

~~5405 Diplomat Circle~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~STE 100~~

~~STE 100~~

City & State
~~ORLANDO, FL~~

City & State
~~ORLANDO, FL~~

Zip
~~32810~~

Country

~~USA~~

Zip
~~32810~~

Country

~~USA~~

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1990

5. FEI Number

- 59-3111773

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VPSD	CLAYTON, W. M	611 WYMORE ROAD 5405 Diplomat Circle Ste 100	WINTER PARK FL ORLANDO, FL 32810
D	CLAYTON, W. MALCOLM CLAYTON, BRANTLEY W	611 NORTH WYMORE ROAD 5405 Diplomat Circle Ste 100	WINTER PARK FL ORLANDO, FL 32810
D	DODGE, LINDA S	611 WYMORE ROAD 5405 Diplomat Circle Ste 100	WINTER PARK FL ORLANDO, FL 32810

300024396333

11/04/03--01015--013 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLAYTON, CHARLES W JR.
611 NORTH WYMORE ROAD
WINTER PARK FL 32789

Name

W. Malcolm Clayton

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

5405 Diplomat Circle

Suite, Apt. #, Etc.

STE 100

City

ORLANDO

State

FL

Zip Code

32810

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

W. Malcolm Clayton
REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

W. Malcolm Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

402-644-6200

CR2ED040 (7/03)