

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 15 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38367

1. Corporation Name

Wellington Green Property Owners' Association,
INC.

400138440514
12/04/08--01033--007 **236.25
400138440514
12/15/08--01064--003 **140.00

REINSTATEMENT *K5 08*

2. Principal Office Address - No P.O. Box #

~~P.O. Box 92950~~

3. Mailing Office Address

P.O. Box 92950

Suite, Apt. #, etc.

1412 Wyngate LN

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip **33809**
~~33804~~

Country
USA

Zip
33804

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/29/2002

5. FEI Number
59-3112024

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

Tonya L. Showalter

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

1412 Wyngate Lane

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

☒ 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.

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 11/19/2008

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
Pres.	Tonya L. Showalter D	1412 Wyngate Lane	Lakeland, FL 33809
V.P.	Jack Gunter D	1394 WYNGATE DR	Lakeland, FL 33809
S./T.	Shawn Haddix T	1374 Wyngate Drive	Lakeland, FL 33809

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

11/19/08

(863) 859-7998

Date

Daytime Phone #