
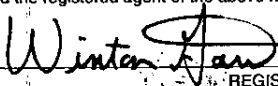


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W04500 02/124		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 JUN 10 AM 8:00	
DOCUMENT # N39854					
1. Corporation Name Woodridge Homeowners Association, Inc.					
2. Principal Office Address 4880 Winton Circle Suite, Apt. #, etc.		3. Mailing Office Address 4880 Winton Circle Suite, Apt. #, etc.		REINSTATEMENT 92-04	
City & State St. Augustine, Fla		City & State St. Augustine, Fla		4. Date Incorporated or Qualified To Do Business in Florida	
Zip 32086		Country ST. Johns		5. FEI Number 20-1817442 ? Says "Applied" on Sunba	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable			
7. Name and Address of Current Registered Agent		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.			
Name Winton Garrett		Signature of Registered Agent  Date 5/24/04			
Street Address (P.O. Box Number is Not Acceptable) 4880 Winton Circle		REGISTERED AGENT MUST SIGN			
Suite, Apt. #, Etc.		9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
City St. Augustine		State FL Zip Code 32086			
Titles		Name of Officers and/or Directors		Street Address of Each Officer and/or Director	
City / State / Zip		Titles		Name of Officers and/or Directors	
P, VP		Winton Garrett		4880 Winton Circle	
St. Augustine, FL 32086		S, T		Malinda Irwin	
4880 Winton Circle		D		Eugene Thomas Garrett	
St. Augustine, FL 32086		6990 Sartori Ave.		Palm Bay, FL 32909	
9000037296229		05/25/04--01059--005		**971.25	
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: Winton Garrett - Winton Garrett		5/24/04		904-797-8844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	