

09 JAN 22
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 22 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # *N 48259*

1. Corporation Name

4108 Kenilworth M.H.P. Assoc. Inc.

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

4108 Kenilworth Blvd.

Suite, Apt. #, etc.

Club House

City & State

Sebring, FL

Zip

33870

Country

USA

3. Mailing Office Address

4116 Topaz St.

Suite, Apt. #, etc.

Lot # 63

City & State

Sebring, FL

Zip

33870

Country

*USA*100142093641
01/27/09--01005--015 **61.25
CR2E081 (12/08)4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Roger L. Wunderlin*

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

4116 Topaz St.

Suite, Apt. #, Etc.

Lot # 63

City

Sebring

State

FL

Zip Code

33870
☐ 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*Roger L. Wunderlin*

REGISTERED AGENT MUST SIGN

Date *1-18-09*

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
<i>P</i>	<i>Roger L. Wunderlin</i>	<i>4116 Topaz St.</i>	<i>Sebring, FL 33870</i>
<i>VP</i>	<i>Sharon Hunt</i>	<i>1225 Opal Ave.</i>	<i>Sebring, FL 33870</i>
<i>S.T.</i>	<i>Robert Pierce</i>	<i>1230 Opal Ave.</i>	<i>Sebring, FL 33870</i>
	<i>12/1/28</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 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:

Roger L. Wunderlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-09

Date

931-698-0922

Daytime Phone #