PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 23 AM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48416

1. Corporation Name
Whisperwood Cove Homeowners Association, Inc.

REINSTATEMENT 93-05

2. Principal Office Address		**3.** Mailing Office Address	
1052 Whisperwood Way		1052 Whisperwood Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanibel, FL		City & State: Sanibel, FL	
Zip: 33957	Country: USA	Zip: 33957	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: April 21, 1992

5. FEI Number: 65-0485843 ☐ 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: F. Patrick O'Sullivan

Street Address (P.O. Box Number is Not Acceptable): 1052 Whisperwood Way

Suite, Apt. #, Etc.:

City: Sanibel | State: FL | Zip Code: 33957

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 _____ Date 8/30/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	F. Patrick O'Sullivan	1052 Whisperwood Way	Sanibel, FL 33957
VP	Virginia Fleming	1036 Whisperwood Way	Sanibel, FL 33957
S/T	Debra LaGorce	1018 Dixie Beach Blvd	Sanibel, FL 33957
		800059901578 09/23/05--01042--024 **980.00	

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: _____ F. PATRICK O'SULLIVAN 8/30/05 (239) 472-2736

SIGNATURE AND TYPED ~~OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #

B. Mitchell SEP 26 2005