

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 13 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49384

1. Corporation Name

WHIPPOORWILL WOODS HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

3352 WHIPPOORWILL DR
TALLAHASSEE FL 32310
US

Mailing Address

3352 WHIPPOORWILL DR
TALLAHASSEE FL 32310
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1992

5. FEI Number

59-3067924

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	COX, RUTH	3395 WHIPPOORWILL DRIVE	TALLAHASSEE FL
STD	STROM, JAMES	3404 WHIPPOORWILL DRIVE	TALLAHASSEE FL
STD	LAW, MAELISA	3352 WHIPPOORWILL DR	TALLAHASSEE FL
BOD	PARIS, WILLIAM	3367 WHIPPOORWILL DRIVE	TALLAHASSEE FL
BOD	KARSNER, ETHEL	3358 WHIPPOORWILL DRIVE	TALLAHASSEE FL
BOD	LANG, HARLEY	3375 WHIPPOORWILL DRIVE	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

LAW, MAELISA
3352 WHIPPOORWILL DR
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name Sidney Williamson
Street Address (P.O. Box Number is Not Acceptable)
3424 Whippoorwill Dr.
Suite, Apt. #, Etc.

City Tallahassee

State FL

Zip Code 32310

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.

Signature of
Registered Agent

Sidney Williamson

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

0000234721
11/14/97-01083

****236.25 ****236.25

12. 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:

Maelisa V. Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/97 880/576-0527

Date Daytime Phone #

CR2E44 (8/97)