

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 26 PM 12:13

RECEIVED
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000002154

1. Corporation Name

WOODTHRUSH CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

3329 WOODTHRUSH DR.

Suite, Apt. #, etc.

UNIT 121

City & State

PUNTA GORDA, FL.

Zip

33950

Country

CHARLOTTE

3. Mailing Office Address

3329 WOODTHRUSH DR.

Suite, Apt. #, etc.

UNIT 121

City & State

PUNTA GORDA, FL.

Zip

33950

Country

CHARLOTTE

REINSTATEMENT 95-25

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-29-1994

5. FEI Number

65-0494169

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

WILMER SHUSTER, PRESIDENT

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

3329 WOODTHRUSH DR.

Suite, Apt. #, Etc.

UNIT 121

City

PUNTA GORDA

State

FL

Zip Code

33950

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

Wilmer Shuster

REGISTERED AGENT MUST SIGN

Date

5-21-05

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/T/D	WILMER SHUSTER	3329 WOODTHRUSH DR #121	PUNTA GORDA, FL. 33950
V/S/D	ROBERT WHIPPLE	3329 WOODTHRUSH DR #111	PUNTA GORDA, FL. 33950
D	FRANZ RACHEINER	ALDENGASTHOF ROELLING 20	A-9520 GERLITZEN, AUSTRIA

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:

Wilmer Shuster, President

WILMER SHUSTER

5-21-05

Date

(941) 639-0153

Daytime Phone #