


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000005177

1. Corporation Name
WHISPERING PINES OWNERS ASSOCIATION, INC.

400004533794--2
 -08/14/01--01040--016
 ****490.00 ****490.00

2. Principal Office Address 1468 BlueBerry Road		3. Mailing Office Address p.o. Box 975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. George Island, Fla.		City & State Eastpoint, Fla. 32328	
Zip 32328	Country USA	Zip 32328	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	10/30/95
5. FEI Number	59-3367700
6. CERTIFICATE OF STATUS DESIRED	<input checked="" type="checkbox"/> XX
Applied For Not Applicable \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Donald R. Green

Street Address (P.O. Box Number is Not Acceptable)
1468 BlueBerry Road

Suite, Apt. #, Etc.


City
St. George Island, Florida 32328

State
FL

Zip Code
32328

REINSTATEMENT @ 97-01
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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** 7/13/01

REGISTERED AGENT MUST SIGN

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/D	Donald R. Green	P.O. Box 975, Eastpoint	Florida 32328
D	Emily M. Green	P.O. Box 975, Eastpoint	Florida 32328
D	Audie M. Green	P.O. Box 975, Eastpoint	Florida 32328

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: Emily M. Green Donald R. Green Emily M. Green 7/16/01 8/01/01

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

CR2ED01 (2/00)