PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC 13 PM 4:40
SEC.
TALL.

DOCUMENT # N95000005311

1. Corporation Name
WHITE POINT VILLAGE OWNERS' ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 5263	4400 E. HWY 20
Suite, Apt. #, etc.: 313	Suite, Apt. #, etc.
City & State: NICEVILLE FL	City & State: NICEVILLE FL
Zip: 32578 Country: OKALOOSA	Zip: 32578 Country: OKALOOSA

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 11-07-95

5. FEI Number: 593447138 ☐ 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: DARLANE LANDSBERGER

Street Address (P.O. Box Number is Not Acceptable): 4400 HIGHWAY 20 EAST

400083249407A
12/12/06--01057--004 **358.75

Suite, Apt. #, Etc.: SUITE 313

City: NICEVILLE FLORIDA State: FL Zip Code: 32578

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: _____ REGISTERED AGENT MUST SIGN Date: 12-11-06

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
President	Tammy Starling	1278 Laura Lane	Niceville, FL 32578
Vice President	Scott H. Dauphin	1268 Laura Lane	Niceville, FL 32578
Treasurer	Eric Duron	1273 Laura Lane	Niceville, FL 32578
Secretary	Marissa Cobb	4529 White Point Court	Niceville, FL 32578
Member At Large	Jonathan E. Ochs	1266 Laura Lane	Niceville, FL 32578

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/06 Date

850-621-4171 Daytime Phone #