

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003143

1. Corporation Name

WOODLAND GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 605
FAIRFIELD FL 32634-0605

P.O. BOX 605
FAIRFIELD FL 32634-0605

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



600024497536

11/07/03--01001--027 **245.00

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1997

5. FEI Number

59-3486495

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
OV S	GROCE, GUY Buahler, Victor	12950 NW 171 ST PLACE 16535 NW 126th CT	REDDICK FL 32686
T V	MCNEIL, SUSAN	16945 NW 128TH TERRACE	REDDICK FL 32686
DS V	BREWER, BERNADETTE Chandler, Charles	16690 NW 128TH TERRACE 12305 NW 168th Place	REDDICK FL 32686
V P	BAXLA, JEFFERY	13030 NW 131ST COURT	REDDICK FL 32686
P V	HAVIS, TONY Bast, Robert	16875 NW 131ST COURT 12130 NW 168th Place	REDDICK FL 32686
V	ROGERS, BEN	PO BOX 118	FAIRFIELD FL 32634

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAXLA JEFFERY E
13030 N.W. 171 PLACE
REDDICK FL 32686

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/1/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/03

Daytime Phone #

(352)
369-2135

CR2E040 (7/03)