

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 17 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N97000005874*

1. Corporation Name

*Whispering Pine Woods Homeowners Association
Inc.*

2. Principal Office Address

6863 Proctor Rd
Suite, Apt. #, etc.

3. Mailing Office Address

6863 Proctor Rd
Suite, Apt. #, etc.

City & State

Tallahassee FL
Zip

Country

Leon

City & State

Tallahassee FL
Zip

Country

Leon

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

5. FEI Number

59-3569638

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

Lex Thompson

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

6863 Proctor Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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**

Lex Thompson

REGISTERED AGENT MUST SIGN

Date

2-17-05

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
<i>D</i>	<i>Lex Thompson</i>	<i>6863 Proctor Rd</i>	<i>Tallahassee FL 32309</i>
<i>D</i>	<i>Carol Thompson</i>	<i>"</i>	<i>"</i>
<i>D</i>	<i>James Thompson</i>	<i>"</i>	<i>"</i>

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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:

Lex Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-05

Daytime Phone #

CR2E081 (01/05)