

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 FEB 19 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006062

**1. Corporation Name**

Woodlawn Oaks Neighborhood Association, Inc.

**2. Principal Office Address**

1720 - 21st Avenue N.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33713

Country

USA

**3. Mailing Office Address**

P.O. Box 7095

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33734

Country

USA

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

09/10/1999

**5. FEI Number**

E59-3597591

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**7. Name and Address of Current Registered Agent**

Name

Llynne G. Brooks

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

1720 - 21st Avenue N.

Suite, Apt. #, Etc.

City

St. Petersburg

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State

FL

Zip

33713

**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

*Llynne G. Brooks*  
REGISTERED AGENT MUST SIGN

Date 2/9/01

**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	Winston S. Brooks	1720 - 21st Avenue N.	St. Petersburg, FL 33713
V/D	Chuck Burnite	1666 - 21st Avenue N.	St. Petersburg, FL 33713
S/D	Susan Rudolph	1739 - 20th Avenue N.	St. Petersburg, FL 33713
T/D	Llynne Brooks	1720 - 21st Avenue N.	St. Petersburg, FL 33713
D	Rob Rodocker	1701 - 20th Avenue N.	St. Petersburg, FL 33713
D	John Spinella	1650 - 22nd Avenue N.	St. Petersburg, FL 33713
D	Myra Hickman	943 Queen Street N.	St. Petersburg, FL 33713

**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:

*Llynne G. Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Llynne G. Brooks

2/9/01  
Date

(727) 823-3670  
Daytime Phone #