

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 13 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062540

1. Corporation Name

WOODLAND ESTATES INC. OF DELTONA

Principal Place of Business

2921 ORLANDO DR., STE 142  
SANFORD FL 32771

Mailing Address

PO BOX 5357  
DELTONA FL 32728



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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1999

5. FEI Number

59-3553651

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
PD	SMITH, STAN	PO BOX 5357	DELTONA FL 32728
VSD	GULDI, JIM	P.O. BOX 5357	DELTONA FL 32728

000023757258  
10/13/03--01081--005 \*\*750.00

8. Name and Address of Current Registered Agent

SMITH, STANLEE J  
2921 ORLANDO DR., STE 142  
SANFORD FL 32771

9. Name and Address of New Registered Agent

Name

James E Guld  
Street Address (P.O. Box Number is Not Acceptable)  
2529 Tail Spin Tr  
Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32128

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

*James E Guld*  
REGISTERED AGENT MUST SIGN

Date 10-9-03

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:

*James E Guld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03  
Date

386 566 1081  
Daytime Phone #

CR2E040 (7/03)