

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P94000076261

1. Corporation Name

WHISPERING LAKES, INC.

99 JAN -7 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1266 S PINELLAS AVE
TARPON SPRINGS FL 34689

Mailing Address

3829 LOUIS CIRCLE
TARPON SPRINGS FL 34689

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

2. New Principal Office Address, if Applicable

3827 LOUIS Cir.

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

3827 LOUIS Cir

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

Zip

34689 USA

City & State

Tarpon Springs FL

Zip

34689 USA

REINSTATEMENT QB

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1994

5. FEI Number

59-3284687

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	CHACONAS, ANGELINE	3829 LOUIS CIRCLE 3827	TARPON SPRINGS FL 34689
TV	Madalvanos, Georgia	4620 Aegean Ave	Holiday, FL 34690
			300002740653--4 -01/13/99--01102--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CROW, LAWRENCE D
1266 S PINELLAS AVE
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name
Angeline Chaconas
Street Address (P.O. Box Number is Not Acceptable)
3827 LOUIS Cir.
Suite, Apt. #, Etc.

City Tarpon Springs State FL Zip Code 34689

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.

Signature of
Registered Agent

Angeline Chaconas
REGISTERED AGENT MUST SIGN

Date 12/30/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Madalvanos Georgia Madalvanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98 (727)
Date Daytime Phone # 938.5873