

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 17 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081857

1. Corporation Name

WOODLAND COTTAGES, INC.

Principal Place of Business

3031 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33401

Mailing Address

3031 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33401



REINSTATEMENT

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

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

10/03/1996

5. FEI Number

65-0723594

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

DPST

SCHUMACHER, RICHARD E

3031 OKEECHOBEE BLVD.

WEST PALM BEACH FL 33401

DVP

Schumacher, Charles A.

3031 Okeechobee Blvd

West Palm Beach, FL 33401

900024763249

11/17/03--01098--021 **758.75

[Handwritten signature]

8. Name and Address of Current Registered Agent

CASEY, PATRICK J

515 NO FLAGLER DRIVE 19TH FLOOR
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

TERRENCE F. DITRYCH

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

712 U.S. ONE Suite 301-32

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

[Handwritten signature of Terrence F. Ditych]

REGISTERED AGENT MUST SIGN

Date

11/10/03

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:

[Handwritten signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/03

Daytime Phone #

CR20040 (7/03)