PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOC	UM	IEN	IT#
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P99000098517

1. Corporation Name

WILLOUGHBY LAND COMPANY

Principal Place of Business

Mailing Address

2005 S.E. COVE ROAD STUART FL 34997 2005 S.E. COVE ROAD STUART FL 34997 FILED

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SEGRETARY OF STATE TABLAHASSEE, FUORIDA



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If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					orated or Qualified				
2. New Principal Office Address, if Applicable 3. New Main		ng Office Address, if Applicable			ness in Florida	11/09/1999	5 7		
Suite, Apt. #, etc.		Suite, Apt. #	, etc.					ed For	
City & State City & State		City & State	•		Not App				
Zip		Country	Zip	Country		6.	E OF OTATIO DECIDED [\$8.75 Additional Fed	
						CERTIFICAT	E OF STATUS DESIRED L	for a Certificate of	f Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofit co	prporations must list at le	ast 3 directors)			
Title(s)	(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			Gi 4	ity / State / Zip		
D			CIE CRESCENT		STUART FL 34994				
D	DICK, ROBERT H			691 N.W. S	691 N.W. SUNSET DRIVE		STUART FL 34994		
D	CARACAPPA, LEONARD			1465 S.W. ALIGATOR STREET		•	PALM CITY FL 34990		
D	DELVECCHIO, JOSEPH		1901 S.E. ST. LUCIE BLVD.		STUART FL 34996				
		-					2000034 -11/20/0 *****750	<u> </u>	2 114 30.00
8. Name and Address of Current Registered Agent						9. Name and	Address of New Regist	tered Agent	
		1			Name				
GORVEL, ERNEST			1	Street Address (P.O. Box Number is Not Acceptable)				CR2E040 (8/00)	
800 ST. LUCIE CRESCENT STUART FL 34994		Suite, Apt. #, Etc.		tc.					
				State Zip Code					
10. I, being	appointed th	e registered agent of the a	pove named darp	oration, am fami	liar with and accept the o	obligations of Sect	tion 607.0505, F.S.		
Signature o Registered	of Agent		MISTERED AG	SENT MUST SA	ř. GN		Date	12/100	
this rein owed by	istatement ap y the corporat	officer or director or the rec plication, the reason or dis ion have been paid and the true and accurate, and my	solution has beer a names of individ	n eliminated, the duals listed on th	corporate name satisfies is form do not qualify for	s the requirements r an exemption un	s of section 607.0401 or	617.0401, F.S., that all	l fees
SIGNAT		GNATURE AND TYPED OR P	RINGEO NAME OF	SIGNING OFFICE	R OR DIRECTOR	10	1 14 100 1 date	Daytime Phone #	_ 110