

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V-14979

1. Corporation Name

WAGON WHEEL MOBILE HOME COMMUNITY, INC.

Principal Place of Business

1410 S. Hoagland Blvd.
Kissimmee, Florida 34741

Mailing Address

P.O. Box 1
Loma Linda, California
92354

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

2. New Principal Office Address, If Applicable

1410 S. Hoagland Blvd.
Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

P.O. Box 1
Suite, Apt. #, etc.
Loma Linda

City & State

Kissimmee, Florida

City & State

California 92354

Zip

34741

Country

USA

Zip

92354

Country

USA

REINSTATEMENT

4. Date Incorporated or Organized
To Do Business in Florida

2/17/92

5. FEI Number

62-149850

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
P/D	Barbara Chizmas	11421 Campus Street	Loma Linda, CA 92354

200002723852-4
-12/28/98-01128-022
****758.75 ****758.75

8. Name and Address of Current Registered Agent

David A. Higley
2600 Lake Lucien Drive
Suite 237
Maitland, FL 32751

9. Name and Address of New Registered Agent

Name
Michael W. Clifford, Esq.

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

215 North Eola Drive
Suite, Apt. #, Etc.

City
Orlando,

State
FL

Zip Code
32802

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

W. Michael Clifford, Esq.

Date, 12/22/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Barbara B Chizmas

CR2E040 (12/95)