

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 19 PM 8:58

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000000560

1. Corporation Name

Buffalo Ridge West Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box #
2001 S.E. Tenth Street

3. Mailing Office Address
2001 S.E. Tenth Street

State Apt # etc

State Apt # etc

City & State

Bentonville AR

City & State

Bentonville AR

Zip

72716

Country

USA

Zip

72716

Country

USA

900202592809
04/19/11--01018--015 ***297.50

CR2508: (11/10)

4. Date incorporated or created
To Do Business in Florida 1/19/2006

5. FEI Number
412193190

Appoint For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation Systems

Street Address (P.O. Box Number is Not Applicable)
1700 S. PINE ISLAND ROAD

State Apt # etc

City
PLANTATION

State Zip Code
FL 33324

REINSTATEMENT 10-11

8. I am being appointed the registered agent of the above named corporation and familiar with and accept the obligations of section 607.06(6) of the F.S.

Signature of
Registered Agent

Barbara A. Burke

Barbara A. Burke
Special Assistant Secretary

Date 3/29/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of each Officer and/or Director	City/State/Zip
D	Karen Benson	2001 S.E. Tenth Street	Bentonville, AR 72716-5525
D	Nick Goodner	2001 S.E. Tenth Street	Bentonville, AR 72716-5525
D	Barri Tulgetske	2001 S.E. Tenth Street	Bentonville, AR 72716-5525

10. E-mail Address: karen.benson@wpl-mart.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the recipient of this document and I am authorized to execute this application as provided for in section 607.06(7) of the F.S. I have verified and checked the reinstatement application, the fee for a resolution has been paid, the corporate name satisfies the requirements of section 607.04(1) or 607.04(1) 5, and that all fees owed by the corporation have been paid. Further, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as a name under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 316.06, F.S.

SIGNATURE:

Karen Benson

Karen Benson

4/19/11

(479) 273-4065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De Name Phone #

4/19/11
DOR