

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 21 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717265

1. Corporation Name

WINCAST ARMS NORTH CONDOMINIUM
ASSOCIATION, INC.

REINSTATEMENT 02-07

000021898700
07/21/03--01029--006 **297.50

2. Principal Office Address

4311 CRYSTAL LK DR

3. Mailing Office Address

10211 W. SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

109

City & State

POMPANO BCH, FL

City & State

CORAL SPRINGS, FL

Zip

33064

Country

USA

Zip

33065

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDA RISOEN 9/0 RISOEN FIVE STAR REALTY

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

10211 W. SAMPLE RD #109 CORAL SPRINGS FL.

Suite, Apt. #, Etc.

City

State

FL

Zip Code

33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/1/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	RICHARD LEE	4311 CRYSTAL LK DR	Pomp Bch 33064
SO	STEVE ROTSILA	4311 CRYSTAL LK DR	Pomp Bch 33064
TD	BRUCE SILK	4311 CRYSTAL LK DR	Pomp Bch 33064
D	MARY CAMPAGNOLI	4311 CRYSTAL LK DR	Pomp Bch 33064
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10. 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

7/14/03

Date

9543455530

Daytime Phone #

CR2E081 (10/02)

7/24