

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 18 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Blatz

DOCUMENT # L39863

1. Corporation Name

WEST ORANGE LUMBER COMPANY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 770098
WINTER GARDEN FL 34777-7098

P.O. BOX 770098
WINTER GARDEN FL 34777-7098



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1989

5. FEI Number

59-2984047

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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D		BRITT, ROBERT NEIL		P. O. BOX 98 N/A		WINTER GARDEN FL
VP		John A				400003448074-5 -11/01/00--01125--013 ****150.00 ****150.00
VP		Arellano, John		P.O. Box 98		Winter Garden FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASMA, WILLIA N
886 S DILLARD ST
WINTER GARDEN FL 34777

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE
REGISTERED AGENT MUST SIGN

Date 10/16/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

407-656-2113
Daytime Phone #

CR20040 (9/00)

P.O. Box 770098 • WINTER GARDEN, FLORIDA 34777-0098
TELEPHONE (407) 656-2113 • FAX (407) 656-0580

October 16, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am in receipt of the Notice of Administrative Dissolution of Revocation for Document # L39863. Please except my apology as our company West Orange Lumber Co., Inc. never received the initial application. I am forwarding to you the completed application with a check in the amount of \$ 150,000. Please reinstate West Orange Lumber Co., Inc. as soon as possible. I can be contacted at (407) 656 -2113 if you have any questions. Thank you.

Sincerely,

Rebecca H. Rhoden

Rebecca H. Rhoden