

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001161

1. Corporation Name

WEXFORD GREEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3626 ERINDALE DR
VALRICO FL 33594

3626 ERINDALE DR
VALRICO FL 33594



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable 711 S. HOWARD AVE Suite, Apt. #, etc. SAE 200 City & State TAMPA FL Zip 33606 Country USA		3. New Mailing Office Address, If Applicable 711 S. HOWARD AVE Suite, Apt. #, etc. STE 200 City & State TAMPA FL Zip 33606 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/13/2002	
				5. FEI Number VP-01-0679824	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
DP	APPLEYARD, ROBERT HENDERSON, FRANK	3626 ERINDALE DR 711 S. HOWARD AVE, STE 200	VALRICO FL 33594 TAMPA FL 33606
DV	SALVATOR, PAUL HENDERSON, FRANK	3626 ERINDALE DR 711 S. HOWARD AVE, STE 200	VALRICO FL 33594 TAMPA FL 33606
DST	POPOVICH, GAIL HENDERSON, FRANK	3626 ERINDALE DR 711 S. HOWARD AVE, STE 200	VALRICO FL 33594 TAMPA FL 33606
			200029983922 10/27/03 01127 019 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HASBANI, ALI~~
3626 ERINDALE DR
VALRICO FL 33594

~~FRANK HENDERSON~~

Name FRANK HENDERSON	
Street Address (P.O. Box Number is Not Acceptable) 711 S. HOWARD AVE	
Suite, Apt. #, Etc. SAE 200	
City TAMPA	State Zip Code FL 33606

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/16/03

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

[Signature]

10/16/03

Date

813-870-2184

Daytime Phone #

CR2E040 (7/03)