

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05381

1. Corporation Name

WIGGINS PASS WEST CONDOMINIUM ASSOCIATION, INC.
187 Forest Lakes Boulevard
Naples, FL 34105

2. Principal Office Address

187 Forest Lakes Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

187 Forest Lakes Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2618852

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

Robert T. Gracey

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

187 Forest Lakes Blvd.

Suite, Apt. #, Etc.

Naples, FL

City

State
FL

Zip Code
34105

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

Robert T. Gracey

REGISTERED AGENT MUST SIGN

Date 11/1/02

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
DP	Brobeck, Blain	826 Wiggins Pass Rd. #216	Naples, FL 34110
DVP	Watson, Kenneth	826 Wiggins Pass Rd. #208	Naples, FL 34110
DST	Santiago, Mickie	826 Wiggins Pass Rd. #303	Naples, FL 34110
D	Miceli, Pat	826 Wiggins Pass Rd. #308	Naples, FL 34110
D	Sistrunk, E. J.	826 Wiggins Pass Rd. #206	Naples, FL 34110

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:

Blain Brobeck Blain Brobeck 10-4-02(239) 514-0264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

WIGGINS PAST WEST CONDOMINIUM ASSOCIATION, INC.
187 Forest Lakes Boulevard
Naples, FL 34105
239-649-5667 (Phone)
239-649-3299 (Fax)

November 2, 2002

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314

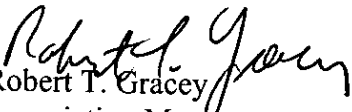
Re: Wiggins Pass West Condominium Association, Inc. - Document #N05381

Gentlemen:

We apologize for the lateness of this remittance. As the new management company for this Association, we were not on your mailing list and the previous manager failed to forward your form when they turned their records over to us. We are enclosing Application for Reinstatement and our Check No. 5257 in the amount of \$61.25.

Thank you for your consideration in this matter.

Sincerely,


Robert T. Gracey
Association Manager

Enclosure (2)