PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02 WAR2

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

FILED
02 NOV 12 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/02--01124--011 **61.25

DOCUMENT # N05381

1. Corporation Name

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

2. Principal Office Address		**3.** Mailing Office Address	
187 Forest Lakes Blvd.		187 Forest Lakes Blvd.	
Suite, Apt. #, etc.		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 Date 11/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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, Blaine	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 #

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)