

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV 29 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N43727

1. Corporation Name

WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC

1996 Annual Report

Principal Place of Business

1482 WELLINGTON CIRCLE
ROCKLEDGE FL 32955
US

Mailing Address

1491 WELLINGTON CIRCLE
ROCKLEDGE FL 32955
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1991

5. FEI Number

59-2111989

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DOCTOR, JOHN Moss Brenda	1455 VICTORIA BLVD 1491 Wellington Circle	ROCKLEDGE FL
D	HANEY, LINDA	1482 WELLINGTON CIRCLE	ROCKLEDGE FL
D	DAVISON, DIANE OATES, KEVIN	1421 VICTORIA BLVD 1438	ROCKLEDGE FL

Deposit taken #
2-21-96 91393-005

8. Name and Address of Current Registered Agent

HANEY, LINDA Moss, Brenda
1491 1482 WELLINGTON CIRCLE
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Rockledge

State

FL

Zip Code

32955

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

Brenda L. Moss

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Nov 96

Date

407-632-8580

Daytime Phone #

CR2040 (7/96)