PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris 、 FOR Decretary of State FILED **REANSTATEMENT** DIVISION OF CORPORATIONS 02 APR 30 AM 8: 44 DOCUMENT # 1. Corporation Name SECRETARY OF STATE FOXTREE WEST PROPERTY OWNERS' ASSOCIATION, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8517 FOX CREST LANE 6617 FOX-CREST LANE LAKELAND FL 33813 LAKELAND FL 33813 REMSTATEMENT 01-02 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 Date Incorporated or Qualified To Do Business in Florida <u>4578</u> 1-0 x 6578 Fox Crest Ln 07/08/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5._FEI:Number_ Applied For-City & State Lakeland 59-3460200 Not Applicable Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director ROGERS, OSCAR W. JR. AKELAND FL 33801 200 LAKE MORTON DRIVE Burton, Sharon 10578 Fox Crest Ln Lakeland, FL ROGERS: CURTIS DANE 8431-U.S. 98-SOUTH 6565 Fox Crest Maughan. POST OFFICE BOX 5812 N/A Kein Mark FOX C ROGERS, JOHN STEVEN-5491 U.S. 98 SOUTH 6594 FOX 5431 U.S. 98 SOUTH **1005500411--**-05/09/02--01048--004 9. Name and Address of New Registered Agent ****297.50 8. Name and Address of Current Registered Agent Bucton -Sharon KING, DAVID Street Address (P.O. Box Number is Not Acceptable) 6517 FOX CREST LANE 6578 FOX Suite, Apt. #, Etc. LAKELAND FL 33813 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. Feb. 20, 2002 Signature of 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 filling 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

Ρ

we the same legal effect as if made under oath.

GINGER A. Trudics Tree 30, 2002 (863) on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Sharon L Burton-Dredo Feb 20, 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 15, 2002

WCSS CORPORATION 295 A1A STE 205 SATELLITE BEACH, FL 32937

SUBJECT: WCSS CORPORATION Ref. Number: P97000021069

We have received your document for WCSS CORPORATION and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

There is a balance due of \$150.00.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 702A00022199