


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 21 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9900007462

1. Corporation Name  
The Wellington Office Condominium Association Inc

*WOC-2385*

2. Principal Office Address 2928 Wellington Circle		3. Mailing Office Address 2928 Wellington Circle	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Tallahassee Florida		City & State Tallahassee Florida	
Zip 32309	Country Leon	Zip 32309	Country Leon

**REINSTATEMENT 03-05**

4. Date Incorporated or Qualified To Do Business in Florida 12/1999	
5. FEI Number 59-3629193	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Frank Visconti	
Street Address (P.O. Box Number is Not Acceptable) 2928 Wellington Circle	
Suite, Apt. #, Etc. Suite 201	
City Tallahassee	State FL
Zip Code 32309	

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*01/14/05--01024--021 \*\*358 75*

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: *Frank Visconti* Date: *1/20/2005*

REGISTERED AGENT MUST SIGN

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
P/D	Frank Visconti	2928 Wellington Circle Suite 201	Tallahassee Florida 32309
ST/D	Ella Goodwin	2928 Wellington Circle Suite 201	Tallahassee Florida 32309
VP/D	Frances Sardon	2928 Wellington Circle Suite 201	Tallahassee Florida 32309

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: *Ella H. Goodwin* Ella Goodwin Date: 01/13/2005 Daytime Phone #: 850 668-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (01/05)