

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01-JAN 25 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000099637**

1. Corporation Name

West Grove Managers, Inc.

2. Principal Office Address

3616 Grand Avenue

Suite, Apt. #, etc.

Suite #6

City & State

Miami, Florida

Zip

33133

Country

U.S.A.

3. Mailing Office Address

3734 Florida Avenue

Suite, Apt. #, etc.

P.O. Box 330118

City & State

miami, Florida

Zip

33233

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1998

5. FEI Number

65-0904218

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

Richie Alonzo Cooper

300003654313-7

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

3817 Florida Ave

-02/05/01-01082-005

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

miami

State
FL

Zip Code

33133

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

Richie A. Cooper
REGISTERED AGENT MUST SIGN

Date **1/23/2001**

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	Richie Alonzo Cooper	3817 Florida Ave	miami, FL 33133
VP	Demetrius Capers	3616 Florida Ave, Suite 6	miami, FL 33133

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:

Richie A. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2001
Date

(305) 446-1155
Daytime Phone #

CR2E081 (9/00)