

12-04-2001 15:19

From-THE FUND LEON

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T-229 P.003/004 F-282

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 18 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565926

1. Corporation Name

Nu-West Florida, Inc.

2. Principal Office Address

1200 W. Retta Esplanade

3. Mailing Office Address

1200 W. Retta Esplanade - #58

Suite, Apt. #, etc.

#58

Suite, Apt. #, etc.

City & State

Punta Gorda, FL 33950

City & State

Punta Gorda, FL 33950

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-2-1978

5. FEI Number

59-1793133

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

Edward L. Wotitzky, Esq.

4000004743154-5

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

223 Taylor Street

-12/28/01--01079--01

****750.00 ****750.00

Suite, Apt. #, Etc.

City

Punta Gorda

State
FL

Zip Code

33950

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

Date

12/12/01

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
PD	David Burris	5555 Anglers Ave., Suite 1 Fort Lauderdale, Fla	Fort Lauderdale, Fla 33312
NPD	Alan Norres	1200 W Retta Esplanade, #P-57A	Punta Gorda, Fla 33950
D	Bruce Platt	1200 W. Retta Esplanade, #P-57A	Punta Gorda, Fla 33950
AS	Barry Wilhite	1200 W Retta Esplanade, #P-57A	Punta Gorda, Fla 33950
ST	Herbert Groenenboom	1200 W Retta Esplanade, #P-57A	Punta Gorda, Fla 33950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-620-

1017

Daytime Phone #