

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 29 PM 5:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **747784**

1. Corporation Name

**WESTVIEW CONDOMINIUM ASSOCIATION NO. FIVE, INC.**

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR  
 #405  
 CORAL SPRINGS FL 33065

3300 UNIVERSITY DR  
 #405  
 CORAL SPRINGS FL 33065



**REINSTATEMENT 2003**

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

06/22/1979

c/o DCI  
 Suite, Apt. #, etc.  
~~2035 Harding St., Ste 200~~

c/o DCI  
 Suite, Apt. #, etc.  
 2035 Harding St., Ste 200

5. FEI Number

59-1998821

Applied For

City & State  
 Hollywood, FL 33020

City & State  
 Hollywood, FL 33020

Not Applicable

Zip Country

Zip Country

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	4 City / State / Zip
SD- VP	<del>HOERCHER, JACKIE-</del> Butkevich, Irina	<del>1640 NW 93 AVE -</del> 1530 NW 93rd Avenue	PEMBROKE PINES FL 33024
PD	<del>BABER, JEROME</del> Armenteros, Cecilia	<del>1560 NW 94 TERR</del> 1520 NW 93rd Avenue	PEMBORKE PINES FL 33029
TD	TAYLOR, ANNILEE	1590 NW 94 TERR	PEMBROKE PINES FL 33024
			000024334070 10/31/03--01056--017 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED COMMUNITY MANAGEMENT CORP  
 3300 UNIVERSITY DR  
 #405  
 CORAL SPRINGS FL 33065

Name

DCI Association Services

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

2035 Harding Street, Suite 200

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

10/21/03

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 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:

*[Handwritten Signature]*  
**SIGNATURE REQUIRED**

Cecilia Armenteros

10/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 417-1000

CR2040 (7/03)