

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAR 11 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760758

1. Corporation Name

Wexford Court Townhomes Property Owners'  
Association, Inc.

2. Principal Office Address - No P.O. Box #

220 Celestial Way

Suite, Apt. #, etc.

Unit #5

City & State

Juno Beach, Florida

Zip

33408

Country

USA

3. Mailing Office Address

220 Celestial Way

Suite, Apt. #, etc.

Unit #5

City & State

Juno Beach, Florida

Zip

33408

Country

USA

REINSTATEMENT 06-08  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1981

5. FEI Number  
592354738

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

St. John, Core & Lemme, P.A.

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

1601 Forum Place

Suite, Apt. #, Etc.  
Suite 701

City

West Palm Beach

State

FL

Zip Code

33401

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

DAVID A. CORE, Secretary

REGISTERED AGENT MUST SIGN

Date 2/20/08

**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
Pres.	Robert Hamilton Jr.	220 Celestial Way #6	Juno Beach, FL 33408
VP	Robert Gibson	220 Celestial Way #5	Juno Beach, FL 33408
Treas.	Connie Gibson	220 Celestial Way #5	Juno Beach, FL 33408

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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 contained in Chapter 119, 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

2/27/08

Date

561-775-9711

Daytime Phone #

2/12/08