

APR 10/06

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 12:43

DOCUMENT # **764842**

1. Corporation Name
Westwinds Professional Plaza Association, Inc.

2. Principal Office Address
4900 Manatee Avenue

3. Mailing Office Address
4900 Manatee Avenue

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip Country
34209 USA

Zip Country
34209 USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 9/17/1982

5. FEI Number
59-2245317

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

David Beyer Rudnick & Wolfe

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

101 East Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 2000

City

Tampa

State Zip Code
FL 33602-5133

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. Beyer

Date 3-15-06

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, S, T, D	Michael E. Etchieson	4900 Manatee Ave., Ste. 103	Bradenton, FL 34209
D	Richard Neunschwander	4900 Manatee Ave., Ste. 101	Bradenton, FL 34209
D	Ed Sobel	4900 Manatee Ave., Ste. 206	Bradenton, FL 34209

500069837925
04/15/06--01043--024 **\$12.50

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-06 941-746-4600

WESTWINDS PROFESSIONAL PLAZA ASSOCIATION, INC.
4900 MANATEE AVENUE
SUITE 200
BRADENTON, FLORIDA 34209

Page 2 of 2

March 15, 2006

Secretary of State
Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement - WestWinds Professional Plaza
Association, Inc.
FEIN 59-2245317

Dear Sir or Madam:

Enclosed please find our Application for Corporate Reinstatement for the above-referenced non-profit domestic corporation. Per our discussions with your office, we are applying for waiver of the reinstatement fee due to our non-receipt of notices of delinquent annual reports.

When we filed our 1996 annual report, we included, per the form's instructions, a change of address for both the company's principal place of business and its registered agent (see enclosed annual report dated 4/18/96 attached hereto as Exhibit "A"). However, our address was not changed per our request (see enclosed printout from the sunbiz.org website dated 3/1/06 attached hereto as Exhibit "B"). We believe that any delinquency notices that may have been generated by your office were sent in error to our former address (1401 Manatee Avenue West) rather than our current address (4900 Manatee Avenue).

Enclosed with our application is our check in the amount of \$612.50 representing filing fees from 1997 through 2006. If you have any questions regarding the foregoing, please do not hesitate to call.

Very truly yours,



Michael E. Etchieson