

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 21 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002201**

1. Corporation Name

**WESTCHASE SIL, INC.**

Principal Place of Business

Mailing Address

525 HURON RIVER DRIVE  
PO BOX 727  
BELLEVILLE MI 48112

525 HURON RIVER DRIVE  
PO BOX 727  
BELLEVILLE MI 48112

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1996

5. FEI Number

38-3287868

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WARD, ARTHUR	525 HURON RIVER DR. POB 727	BELLEVILLE MI 48112
VD	<del>LESER, LINDA</del> ROBERT TURNQUEST	<del>525 HURON RIVER DR. POB 727</del> 21338 BIRCHWOOD ST	<del>BELLEVILLE MI 48112</del> FARMINGTON, MI 48336
DST	GUTT, MARGUERITE ANGELA SPEAR	525 HURON RIVER DR. POB 727 378 BEACH	BELLEVILLE MI 48112 WYSTRAND, MI. 48186
T	BOEHM, SUSAN	525 HURON RIVER DRIVE- POB 727	BELLEVILLE MI 48112

100024925761

11/21/03--01045--019 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**Brenda L. White**  
Asst. Secretary

Date

11/17/03

REGISTERED AGENT MUST SIGN

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:

**ARTHUR E. WARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/03 248-925-4123

To: Florida Department of State  
Division of Corporations

Subject: Reinstatement of Westchase SIL Inc without penalty

Please consider this letter as required under the instructions contained in the "Notice of Administrative Dissolution or Revocation" to reinstate Westchase SIL Inc under the provisions of the Uniform Business report. The secretary of the company had been changed several times, and the notices of UBR did not reach me until recently, when I received the Notice of Administrative Dissolution or Revocation. Enclosed is the required filing fee and UBR. Mechanisms have been put in place to assure filing in the proper time going forward, as has been done for the past 6 years. If there is any issue or concern, please feel free to contact me at 248-925-4123. I appreciate your prompt attention in this matter.



Arthur Ward  
President, Westchase SIL.