

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002027

1. Corporation Name

WESTWOOD BUILDERS, INC.

Principal Place of Business

Mailing Address

6919 ROYAL ORCHID CIRCLE
DELRAY BEACH FL 33446

6919 ROYAL ORCHID CIRCLE
DELRAY BEACH FL 33446



REINSTATEMENT 2000

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

04/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1802584

Applied For

Not Applicable

City & State

City & State

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVST	BLUM, STEVEN	6919 ROYAL ORCHID CIRCLE	DELRAY BEACH FL 33446

300003511223--1
-12/22/00--01020--024
****750.00 ****750.00

8. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVENUE, 4TH FLOOR
WEST PALM BEACH FL 33402

9. Name and Address of New Registered Agent

Name
Law Office of Jeffrey L. Greenberg, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4800 N. Federal Hwy
Suite, Apt. #, Etc.
SUITE 304 D
City
Boca Raton
State
FL
Zip Code
33431

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

President

Date 11/13/00

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/00
Date

561-271-0542
Daytime Phone #