

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G40160**

1. Corporation Name

**WEST VIEW RIDGE RESORTS, INC.**

Principal Place of Business

3737 US 27 NORTH  
HAINES CITY FL 33844-8841

Mailing Address

11367 DEERFIELD ROAD  
CINCINNATI OH 45242  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/1983

5. FEI Number

59-2315891

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
TD	KLEKAMP, VIRGINIA C	1259 PINEKNOT	CINCINNATI OH 45238
SD	MAMUNDO, KAREN	6030 CHRISTOPHER	CINCINNATI OH 45233
PD	KLEKAMP, KENNETH	11367 DEERFIELD ROAD	CINCINNATI OH 45242

8. Name and Address of Current Registered Agent

KLEKAMP, KENNETH  
3737 US HIGHWAY 27 NORTH  
HAINES CITY FL 33844

9. Name and Address of New Registered Agent

Name

Mary Helms

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

37 Turtle Lane

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

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

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

Date 10-27-02

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/02 513-487-3363

Daytime Phone #

CR2E040 (8/02)