

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 26 PM 2:37

DOCUMENT # H-08590

1. Corporation Name

West New York Avenue Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900167237789
01/26/10--01022--018 **1200.00

CR2E081 (11/09)

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

112 N. Florida Ave

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Zip

32720

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

45

5. FEI Number

59-2420274

☐ 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

Richard W. Taylor

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

same 112 N Florida Ave

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

☒ 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

RTaylor

Date 26 Jan 10

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/O	Richard W. Taylor	112 N Florida Ave	Deland FL 32720
VP/O	Charles L. Early, Jr.	759 Torchwood Dr	Deland FL 32720
			JC 1/26

10. E-mail Address: RTAYLOR@DELANDLAWYER.COM

(To be used for future annual report notification)

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. I further certify 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: RTaylor per.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Jan 10 386-734-2558

Date

Daytime Phone #