

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -9 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H09203

1. Corporation Name

WHITEHALL HOMES, INC.

2. Principal Office Address

290 Cocoanut Avenue

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip
34236

Country
Sarasota

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/85

5. FEI Number

592507749

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

Ronald Mustari

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

290 Cocoanut Avenue

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

300003851489-0
-03/13/01--01120--007
****150.00 ****150.00
300003851489-0
-03/13/01--01120--008
****750.00 ****750.00

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

Ronald Mustari

REGISTERED AGENT MUST SIGN

Date March 8, 2001

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
DP	Ronald Mustari	290 Cocoanut Avenue,	Sarasota, FL 34236
D	Joanne Mustari	290 Cocoanut Avenue	Sarasota, FL 34236
			LS

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Mustari
Ronald Mustari

3/8/01

Date

941-954-1181

Daytime Phone #