

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 24 AM 9:31

DOCUMENT # N00000002967

1. Corporation Name

WESTVIEW COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

2601 NW 119TH ST
MIAMI FL 33167

2601 NW 119TH ST
MIAMI FL 33167



REINSTATEMENT

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

05/02/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0585738

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	TATE, JAMES D	2601 NW 119TH ST	MIAMI FL 33167
VD	WELLINS, STEVEN	2601 NW 119TH ST	MIAMI FL 33167
VTD	DIX, GARY	2601 NW 119TH ST	MIAMI FL 33167
SD	HURWITZ, NORMAN	2601 NW 119TH ST	MIAMI FL 33167
VD	CUMMINGS, PAUL	2601 NW 119TH ST	MIAMI FL 33167
SD	SHIEKMAN, JOHN	2601 NW 119TH ST	MIAMI FL 33167

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCELL, LOUIS
2601 NW 119TH ST
MIAMI FL 33167

Name

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

100004750641--4

Suite, Apt. #, Etc.

-01/04/02--01016--006

City

*****61.25 *****61.25

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

100004750641--4

-01/04/02--01016--007

****175.00 ****175.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Garcell

10/31/01

305-685-2411

Date

Daytime Phone #