

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 23 AM 9:33

KS

DOCUMENT # N00000007888

1. Corporation Name

WEST POINT SOCIETY OF CENTRAL FLORIDA, INC.

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

P.O. BOX 623002

3. Mailing Office Address

P.O. BOX 623002

Suite, Apt. #, etc.

3849 ROUSE RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL  
OVIEDO FL

City & State

OVIEDO FL

Zip

32718  
32762

Country

USA

Zip

32762

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/28/2000

5. FEI Number

☐ 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

MATTHEW A. TAVRIDES

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

711 W. HARVARD STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32804

REINSTATEMENT 07-10

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

*[Signature]*

Date

8/1/10

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
D	JIM WARTSKI	658 W PALM VALLEY DR	OVIEDO FL 32765
DV	TOM KELSO	774 KINGSBRIDGE DR	OVIEDO FL 32765
D	JACK HALSEY	ONE JOHN ANDERSON DRIVE #501	ORMOND BEACH FL 32176-5789
DT	STEVE KENNEDY	1104 NORTHERN WAY	WINTER SPRINGS FL 32708
D	JOE O'CONNELL	3391 MORELYN CREST CIRCLE	ORLANDO FL 32828

10. E-mail Address: matt@matpa.net

(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:

*[Signature]*

JAMES Z. WARTSKI

Date

12/2/2010

Daytime Phone #

407-579-7022  
202-681-5419

CORRECTED PRINCIPAL ADD. PER CONVERSATION WITH JAMES WARTSKI