

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 19 PM 1:52

DOCUMENT # N01000006293

1. Corporation Name

West Commercial Browes
Homeowners, Inc.

2. Principal Office Address

P.O. Box 238371

Suite, Apt. #, etc.

3. Mailing Office Address

6668 Breckernidge Ave

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32926

Country

USA

Zip

32926

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept 1, 2001

5. FEI Number

31-1807104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE Applicable Fee Schedule
for a Current Date of Status

7. Name and Address of Current Registered Agent

Name

Douglas C. Herbert

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

6668 Breckernidge Ave

Suite, Apt. #, Etc.

400054210584

05/10/05-01051-010 **245.00

City

Cocoa

State

FL

Zip Code

32926

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**

Douglas E. Herbert

REGISTERED AGENT MUST SIGN

Date 2/2/2005

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	Douglas C. Herbert	6668 Breckernidge Ave	Cocoa, FL 32926
VP	John MacIntosh	6719 Breckernidge Ave	Cocoa, FL 32926
S	Darin Eymann	6912 Bear Trail	Cocoa, FL 32926
T	Mary Benell	1370-Satellite Blvd	Cocoa, FL 32926

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:

MARY BENELL Mary Benell 4-16-05 321-635-8556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (01/05)

**West Canaveral Homeowners, Inc.
P.O. Box 238371
Cocoa, Florida 32926**

**Dept. of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314**

April 16, 2005

To whom it may concern,

The West Canaveral Homeowners, Inc. became incorporated in 2001 and we were paid in full until Dec. 31, 2001. We never received any of the Annual Report Fee documents for 2002, 2003, 2004, 2005. Since we did not receive the documents we never have paid the fees and were dissolved automatically. At this time we have enclosed all the fees due and would like for you to please waive the reinstatement fee.

Thanking You In Advance,



Mary Benell, Treasure



Doug Heckart, Registered Agent