

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N020000002379

1. Corporation Name

WEST WINDS I TENANT OWNERS
ASSOCIATION

2. Principal Office Address

3301 ALT 19 N

Suite, Apt. #, etc.

LOT 215

City & State

DUNEDIN FL

Zip

34698

Country

USA

3. Mailing Office Address

3301 ALT 19 N

Suite, Apt. #, etc.

LOT 441

City & State

DUNEDIN FL

Zip

34698

Country

USA

REINSTATEMENT

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

3-27-02

5. FEI Number

76-0710779

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

DANIELLE F WITKOP

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

3301 ALT 19 N

Suite, Apt. #, Etc.

LOT 417

City

DUNEDIN

600034778116

04/30/04--01005--007 **29.50

State

FL

Zip Code

34698

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

Danielle F Witkop

Date

April 23, 2004

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
PD	DANIELLE F WITKOP	3301 ALT 19 N #417	DUNEDIN FL 34698
VP	BILL ROBERTSON	3301 ALT 19 N #136	DUNEDIN FL 34698
TD	JACK FALK	3301 ALT 19 N #441	DUNEDIN FL 34698
SD	MARILYN RAW	3301 ALT 19 N #225	DUNEDIN FL 34698
D.	ERNEST BEAK	3301 ALT 19 N #613	DUNEDIN FL 34698

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:

Danielle F Witkop DANIELLE F WITKOP

Date

4-23-04

Daytime Phone #

727-189-1064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (01/04)

M