

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 MAR -5 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300092218363
03/12/07--01006--027 **420.00

REINSTATEMENT 04-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02000005588

1. Corporation Name

Westlake Owners' Association, Inc.

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

3250 Mary Street

3. Mailing Office Address

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Zip

33133

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/02

5. FEI Number

20-8549831

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 Rieger

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

3250 Mary Street

Suite, Apt. #, Etc.

500

City

Coconut Grove

State

FL

Zip Code

33133

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

1/26/07

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
PST	Randy Rieger	3250 Mary Street S-500	Coconut Grove, FL 33133

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 contained in Chapter 119, 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

Date

1/26/07

Daytime Phone #

23/7