

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2005 JUL 29 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/09/05--01053--003 **113.75

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 03000006754

1. Corporation Name
Wellington View Homeowners Association Inc

2. Principal Office Address 3918 Via Poinciana Drive Suite, Apt. #, etc.: Suite #9 City & State Lake Worth FL Zip 33467 Country USA		3. Mailing Office Address 3918 Via Poinciana Drive Suite, Apt. #, etc.: Suite #9 City & State Lake Worth FL Zip 33467 Country USA	
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REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 08/07/03

5. FEI Number 20-2428724

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Campbell Property Management

Street Address (P.O. Box Number is Not Acceptable)
3918 Via Poinciana Drive

Suite, Apt. #, Etc.
Suite #9

City
Lake Worth

State
FL

Zip Code
33467

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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 B. W. Date 6.27.2005

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	Mike Donnelly	8519 Dillman Road	West Palm Bch FL 33411
NPD	Ron Blum	8519 Dillman Road	West Palm Bch FL 33411
STD	Lawrence Buck	8519 Dillman Road	West Palm Bch FL 33411
STD	RICHARD CHARLTON	8519 DILLMAN ROAD	W PD, FL 33411

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: Lawrence Buck Date 7/11/05 Daytime Phone #

CR2E081 (01/05)

8/4/05