

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03387

1. Corporation Name

WESTVIEW CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

1320 Adington Camps

Suite, Apt. #, etc.

3. Mailing Office Address

1320 Adington Camps

Suite, Apt. #, etc.

City & State

Lake Forest, Illinois

City & State

Lake Forest, Illinois

Zip

60045

Country

U.S.A.

Zip

60045

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

6/01/1984

5. FEI Number

5925531100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

THOMAS A. CIRRIANCIONE

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

4820 S.W. 29th Avenue

Suite, Apt. #, Etc.

City

Cape Coral

State
FL

Zip Code

33914

100008942861

11/12/02 01125 002 **297 50

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

Thomas A. Cirriancione

REGISTERED AGENT MUST SIGN

Date 12/01/02

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/O/D	THOMAS A. CIRRIANCIONE	1320 Adington Camps	Lake Forest, IL 60045
S/T/D	CATHERINE CIRRIANCIONE	1320 Adington Camps	Lake Forest, ILL 60045
TP	Benjamin Cirriancione	1320 Adington Camps	Lake Forest, IL 60045

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:

Thomas A. Cirriancione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/02

Daytime Phone #

CR2E081 (9/01)

90 12/20