

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000008145

1. Corporation Name

Wellington Reserve Office Park Property Owners Association, Inc.

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

c/o Jones Lang LaSalle Americas, 1035 State Road 7

3. Mailing Office Address

c/o Jones Lang LaSalle Americas, 1035 State Road 7

Suite, Apt. #, etc.

#121

Suite, Apt. #, etc.

#121

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August 9, 2005

5. FEI Number
204392414

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Kenneth C Webb

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

1035 State Rd 7, Ste 316

Suite, Apt. #, Etc.

City

Wellington,

State

FL

Zip Code

33414

REINSTATEMENT

10-11

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

Date

3/6/11

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	Greg Maloney	Jones Lang LaSalle Americas, 1035 State Rd 7, #121	Wellington, FL 33414
VD	Steven Froot	Jones Lang LaSalle Americas, 1035 State Rd 7, #121	Wellington, FL 33414
STD	Denise Cameron	Jones Lang LaSalle Americas, 1035 State Rd 7, #121	Wellington, FL 33414

10. E-mail Address: Denise.Cameron@am.jll.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/11 401/995-6492