


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED JUN 12 AM 8:23 FLORIDA STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N 09850					
1. Corporation Name OLDB WESTLAKE VILLAS					
Principal Place of Business 400 7TH AVE S NAPLES, FL 34102		Mailing Address 400 7TH AVE S NAPLES, FL 34102			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 6/19/85 5. FEI Number 65-0138276 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRES	FRANK J FARREN	400 7TH AVES	NAPLES, FL 34102		
TREAS	ANN REYNOLDS	704 WEST LAKE DA	NAPLES, FL 34102		
SECY	KARIN PADLMAN	296 7TH AVE S	NAPLES, FL 34102		
			700002940427--7		
			-07/23/99--01084--003		
			***297.50 ***297.50		
8. Name and Address of Current Registered Agent FRANK J FARREN 400 7TH AVE S NAPLES, FL 34102			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: Frank J Farren REGISTERED AGENT MUST SIGN Date: 5/23/99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: Frank J Farren SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/23/99 941-434-0579 Date Daytime Phone:		