PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 15 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11661

1. Corporation Name

WEST WIND VILLAGE RETIREMENT COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CARL A. BERTOCH 8975 W HALLS RIVER RD. HOMOSASSA SPRINGS FL 34447 US	CARL A. BERTOCH ~~8975 W HALLS RIVER RD.~~ HOMOSASSA SPRINGS FL 34447 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
	P.O. Box 100	10/18/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2696492 ☐ Applied For ☐ Not Applicable
City & State	City & State: Homosassa Springs, FL	
Zip 34448 Country	Zip 34447 Country USA	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State and Zip
STD	HYDE, JERRY L	8975 COUNTY ROAD 193	CLEARWATER FL 34619
VD	SEAGREN, HILDA	8975 W. HALLS RIVER ROAD, LOT 13	HOMOSASSA FL 34448
PD	BERTOCH, CARL A	8975 W. HALLS RIVER ROAD	HOMOSASSA SPRINGS FL
D	HALL, CAROL	8975 COUNTY RD 193	CLEARWATER FL 34619
D	WILSON, AUDRIA	8975 W HALLS RIVER ROAD, LOT 213	HOMOSASSA FL 34448

8. Name and Address of Current Registered Agent

BERTOCH, CARL A
8975 WEST HALLS RIVER ROAD
HOMOSASSA SPRINGS FL 34447

9. Name and Address of New Registered Agent

Name: REINSTATEMENT 99 TS

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

Suite, Apt. #, Etc.:

City: | State: FL | Zip Code: 34448

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: _____ Date: 10-15-99
REGISTERED AGENT MUST SIGN

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., 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: _____ Date: 10-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #