

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 APR 26 PM 5:43

DOCUMENT # N14508

1. Corporation Name

The Westgate Groves Home Owners'  
Association, Inc.

2. Principal Office Address

P.O. Box 680074

3. Mailing Office Address

P.O. Box 680074

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 328

City & State

Orlando, FL 328

Zip

32868-0074

Country

USA

Zip

32868-0074

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/22/86

5. FEI Number

59-2654612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

W. Richard Thoreen

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

116 E. Altamonte Drive

Suite, Apt. #, Etc.

Suite 210

City

Altamonte Springs,

State  
FL

Zip Code

32701

300004134673--0

05/11/01--0100--014

\*\*\*\*192.50 \*\*\*\*192.50

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

W. Richard Thoreen

Date April 25, 2001

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
P	Janet Cheek	2649 Environs Blvd	Orlando, FL 32818
VP	Bonnie Neff	6575 Stardust Lane	Orlando, FL 32818
S	Patricia Bruno	6477 Stardust Lane	Orlando, FL 32818
T	William Morse	6733 Stardust Lane	Orlando, FL 32818
D	Sandra Sabisch	6714 Stardust Lane	Orlando, FL 32818
D	Robert Mc Gill	2745 Environs Blvd	Orlando, FL 32818

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:

Janet Cheek

Janet Cheek/Pres.

April 25, 2001

407-

290-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #