PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -5 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20810

1. Corporation Name

WESTWOOD COMMUNITY FIVE AREA BEAUTIFICATION PLAN INC.

REINSTATEMENT

700011906547
02/06/03--01044--002 **297.50

Principal Place of Business	Mailing Address
8300 NW 93RD AVE. TAMARAC FL 33321	8300 NW 93RD AVE. TAMARAC FL 33321

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/26/1987

5. FEI Number: 59-2812072 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	POLEVOY, HARRY	9605 N.W. 80 ST	TAMARAC FL 33321
~~P~~ J	~~BARNETT, ETTA~~ ADLER, ESTHER	~~8301 NW 93RD TERR~~ 8110 NW 96TH AV	~~TAMARAC FL 33321~~ TAMARAC, FL. 33321
~~TD~~	~~NOLDE, JUANITA A~~	~~9409 NW 88 PLACE~~	~~TAMARAC FL 33321~~
D	TARTAKOW, NORMAN	9512 N.W. 81 CRT	TAMARAC FL 33321
P D	~~LAVIGNE~~, LARRY LAVIGNE	9305 NW 82 CT	TAMARAC FL 33321
DT	MARVIN ADLER	8110 NW 96TH AV	TAMARAC, FL 33321

8. Name and Address of Current Registered Agent

LAVIGNE, LARRY
9305 NW 82 COURT
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date

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: SIGNATURE REQUIRED 1/3/03 954 726 5122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #