

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 15 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N26646**

1. Corporation Name

West Orange Community Development Corporation

2. Principal Office Address  
1089 North Circle Court

3. Mailing Office Address  
1089 North Circle Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Garden, Florida

City & State  
Winter Garden, Florida

Zip  
34787

Country  
Orange

Zip  
34787

Country  
Orange

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 5/26/1998

5. FEI Number  
592932125

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  
Ralph Armstead

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

Suite, Apt. #, Etc.  
Suite 210

City  
Orlando

State  
FL

Zip Code  
32805

800075552978  
05/31/06--01022--008 \*\*183.75

REINSTATEMENT 04-06

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

*Ralph Armstead*  
REGISTERED AGENT MUST SIGN

Date: 5/17/06

**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	Mildred L. Dixon	1089 N. Circle Court	Winter Garden, FL 34787
D	Scharlie M. Wilder	1007 Stacki Terrance	Winter Garden, FL 34787
D	Jocelyn Smith	1155 Maxey Drive	Winter Garden, FL 34787
D	Ralph Armstead	511 West South Street, Suite 510	Orlando, FL 32805

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 contained in Chapter 119, 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:

*Mildred L. Dixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/06

Daytime Phone #

Ralph Armstead, LLC  
*Attorney & Counselor at Law*

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*R. Armstead*

May 17, 2006

Attn: Mr. Tyrone Scott  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: West Orange Community Development Corporation

Dear Mr. Scott:


Please consider this letter as the above-referenced non-profit corporation's request for a late waiver of the reinstatement fee for said corporation.

This request is based upon the fact that the corporation did not receive notice of the 2004 Annual Report Notice. This may have been caused by the fact that someone changed the principal address for the corporation from Orange County to Lake County. None of the officers and/or directors have ever lived in Lake County.

I have enclosed a check in the amount of \$183.75.

If you have any questions or other requirements regarding this matter, please contact me.

Sincerely,

  
Ralph Armstead