

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2023 SEP 21 AM 11:52

DOCUMENT # N 46185

1. Corporation Name

Wesley Park Condominium  
Association, Inc

200416140152  
09/21/23--01028--002 \*\*612.50

2. Principal Office Address - No P.O. Box #

1326 Wesley Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

USA

3. Mailing Office Address

1326 Wesley Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

33950

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1991

5. FEI Number

65-0339973

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required  
for a Certificate of Status

YES

7. Name and Address of Current Registered Agent

Name

Linda M Register

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

1326 Wesley Drive

Suite, Apt. #, Etc.

132

City

Punta Gorda

State

FL

Zip Code

33950

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

Linda M Register

REGISTERED AGENT MUST SIGN

Date 8/29/23

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	Jack R. Brown	1326 Wesley Drive Unit 133	Punta Gorda, FL 33950
V	Debra J. Conway	1326 Wesley Drive Unit 121	Punta Gorda, FL 33950
S.T	Linda M Register	1326 Wesley Drive Unit 132	Punta Gorda, FL 33950

A. PARISHANI  
OCT 24 2023

10. E-mail Address: lregister@bucyrus.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Linda M Register

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2023

Date

910 231 9711

Daytime Phone #