PLEASE READ A	ALL INSTRUCTIONS		IPLETING THIS FO	PRM.	
APPLICATION	FLORIDA DEPARTMEN Sandra B. Mor				
FOR REINSTATEMENT	Secretary of S	nate	FILE	: n	
Division of Control of			.6		
DOCUMENT # 59-3212  1. Corporation Name	J1910	98 JAN 12 PM 4:01			
Westside Community Association lac		105110	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address		y Di Cr	9000023979892		
			****245.00 *****245.00		
1321 Sheppard Ave. SANFORD, FL 32721 If above addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below. RE	INSTATEME	NT96-97	
New Principal Office Address, If Applicable     Shape Address	Applicable 4. (	Date Incorporated or Qualified     To Do Qusiness in Florida			
321 Sheppard Ave. 1321 Sheppard Ave. Suile, Apt. H, etc.		5. f	5. FEI Number Applied For		
City & State 71.	Sanford, FL	59	7-3212525	Not Applicable	
32771 Semente	1 219 1 20011111	lingle "	CERTIFICATE OF STATUS DESIRED	\$8,75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o		tions must list at least 3 d	lirectors)		
Title(s) and/or Directors	Off	icer and/or Director se Post Office Box Numbe	ers) 4	City / State / Zip	
res. Young, Joe (D	) 1321 Shep	pard Ave.	SANFORG	J, FL 32771	
Pres. Hopkins-Knight, M	largie 1010 W.11	6 Street	Sanford	FL 32771	
jecretory WyNN, Betty -	9	13 Street	Sanford,	FL 32771	
Pinkey Bever	4 A. 1506 W. I	8 Street	SANford	FL32771	
haplain haurence, Iwendolyn 1315 Southwest Roc			d Sanford	FL 32771	
Dr Endell, Jannie 907 S. Holly Ave. Sanford, Fh 32771					
8. Name and Add(ess of Current Registered Agent			lame and Address of New Regi	stered Agent	
young, Joe 1321 Sheppard Ave SANFORD, FL 32771	Street Address (P.O. Bo	ox Number is Not Acceptable)			
1321 Sheppard Tile	Suile, Apt. #, Etc. 90000239789				
Santoad, FL 32771	City ******* 70至35 Zi************************************				
10. I, being appointed the registered agent of the above	ve named corporation, am familiar wi	th and accept the obligation		FL	
Signature of Agent Young Page 11/20/97 Registered Agent Date 11/20/97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No V (See other side for information on intangible tax.)					
12. 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 AND THEO OR PRIN	ITTO NAME OF SIGNING OFFICER OR D	IRECTOR	11/20/97 4	07-328-8637	

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