


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002436

1. Corporation Name

WESTFORK HOMEOWERS' ASSOCIATION, INC.

MEM'WOS-45495

2. Principal Office Address

3490 N US HIGHWAY 1

3. Mailing Office Address

3490 N US HIGHWAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

City & State

COCOA, FLORIDA

Zip

32926

Country

BREVARD

Zip

32926

Country

BREVARD

FILED

05 OCT 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

91-05

700060457707

10/10/05--01079--004 **726.25

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business In Florida**

05/22/1995

5. FEI Number

593168730

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

SOILEAU, JOHN L

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

3490 N US HIGHWAY 1

Suite, Apt. #, Etc.

City

COCOA

State
FL

Zip Code

32926

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**

REGISTERED AGENT MUST SIGN

Date

9/7/05

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	HAMILTON, BRIAN K	P.O. BOX 540829	MERRITT IS., FLA. 32954
VD	MEYER, MICHAEL	3490 N US HIGHWAY 1	COCOA, FLA. 32926
D	WELLS, JIM	P.O. BOX 540829	MERRITT IS., FLA. 32954

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:

BRIAN K. HAMILTON PRES. 09-25-05 321 427 5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 427 5384