APPROVEL AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMILED

	RPORATI STATEM	15 FEB 0 3 3 3 3 5 5 6 1	FLORIDA D Se DIVISI		05 JUN 17 PM 12: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DOCU	-	# N960000028	35			1			
West	chase	Commercial Own	ers Assoc	iati	ion, Inc.				
2. Principa	ess		Mailing Office Address					— (
1137	lla Plaza Drive	≥ 1137 M	1137 Marbella Plaza Drive			STAT	EMEN	$\mathbf{r} \cap \mathcal{U}_{-l}$	
Suite, Apt. #		Suite, Apt. #, et	Suite, Apt. #, etc.						
						4. Date Incor To Do Bus	oorated or Qua iness in Florida		96
City & State		City & State	City & State					Applied For	
Tampa, Florida			Tampa, Florida			I	59-3446457		Not Applicable
Zip	Country		Zip		Country	6.	6. CERTIFICATE OF STATUS DESIRED S8.75 Addit		Additional Fee require
3361	9	USA	33619		USA	CERTIFICAT	OF STATUS DE	for a	Certificate of Status
	Suite, Apt.	Donald Whyte ress (P.O. Box Number is No 1137 Marbell #, Etc.		717050	563990 1059005	08:3 **237.50			
	City	Tampa						Sip Code 3619	
B. Lheing	appointed the	registered agent of the above	e named cornors	tion an	o familiar with and accept the	obligations of soct	! ! 3		
Signature of Registered	f	Donald Wh	GISTERED AGE			o obligations of secti		-e 15,000	
9. Names	and Street A	ddresses of Each Officer and	or Director (Flori	da nonp	profit corporations must list at	least 3 directors)			
Titles	 -	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct			City / State /	Zip
P/D	Donal	d Whyte	1	137	Marbella Plaz	a Drive	Tampa,	Florida	33619
V/D	Steve	n Silvers	9	802	Westchase Dri	ve	Tampa,	Florida	33626
S/T/D	Karen	Fasick	1	137	Marbella Plaz	a Drive	Tampa,	Florida	33619

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.

SI	~ .	1 A	TI	ID	_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jac K 2000

(813) 620-3555

Date

Daytime Phone #

R2E081 (01/05)