

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Gloria E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000003846

1. Corporation Name

WESTFEST AT ST. LUCIE WEST, INC.

Principal Place of Business

1850 FOUNTAINVIEW BLVD
PORT ST. LUCIE FL 34986
US

Mailing Address

1850 FOUNTAINVIEW BLVD
PORT ST. LUCIE FL 34986
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1997

5. FEI Number

65-0775924

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROWLEY, JANE	1850 FOUNTAINVIEW BLVD	PORT SAINT LUCIE FL 34986
T	ROSMARIN, BARBARA	572 SW NEWCASTLE CT.	PORT SAINT LUCIE FL 34986
FVP	ROSMARIN, JERRY	572 SE NEWCASTLE CT.	PORT SAINT LUCIE FL 34986
D	CULLEN, LOIS	628 SE DEGAN DR	PORT SAINT LUCIE FL 34983
D	CULLEN, DICK	628 SE DEGAN DR	PORT SAINT LUCIE FL 34983
D	O'CONNOR, JOHN	584 SW ST JOHNS BAY	PORT SAINT LUCIE FL 34986

8. Name and Address of Current Registered Agent

SIMMONS, EVETT L
145 NW CENTRAL PARK PLAZA, SUITE 200
PORT ST. LUCIE FL 34986

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/12/03

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., 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

772/340-3580

CR2E040 (7/03)