

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 MAR -4 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 9700000 5735

1. Corporation Name

Westgate Residence Condominium Association, Inc

2. Principal Office Address

1515 West Ave

Suite, Apt. #, etc.

4

City & State

Miami Beach, FL

Zip

33139

Country

Dade

3. Mailing Office Address

P O Box 190764

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33119

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

10-9-97

5. FEI Number

80-0033841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

3375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Raymond Bolduc

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

1541 Brickell

Suite, Apt. #, Etc.

# 402

City

Miami

300005180303-6

04/01/02 01070 805

\*\*\*\*315.00 \*\*\*\*315.00

State

FL

Zip Code

33129

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

Date 3-1-02

REGISTERED AGENT MUST SIGN

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	Raymond Bolduc (D)	1541 Brickell # 402	Miami FL 33129
T	Christian Ubilla (D)	1515 West Ave # 12	Miami FL 33139
S	Alvin Eliassen (D)	1610 Lenox Ave # 303	Miami Beach FL 33139

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

(786) 276-9101

Daytime Phone #

CR2E081 (9/00)