

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000007016

1. Corporation Name

WESTON LAND OWNERS ASSOCIATION INC.

Principal Place of Business

P.O. BOX 820010
SOUTH FLORIDA FL 33082-0010

Mailing Address

P.O. BOX 820010
SOUTH FLORIDA FL 33082-0010

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1997

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WEEKLEY, DANIEL D	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082
VPD	BENTON, ROBERT	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082
SD	FRIPP, GARTH	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082
TD	BERGERON, RONALD M	P.O. BOX 820010 N/A	SOUTH FLORIDA FL 33082
			800003082228-4 -12/28/99-01071-016 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD, #211
PALM BEACH GARDENS FL 33418

9. Name and Address of New Registered Agent

Name

Daniel D. Weekley

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

5450 S.W. 148th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State

FL

Zip Code

33330

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/13/1999

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/99

Date

954-389-5311

Daytime Phone #