

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 20 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N 98000002154

1. Corporation Name

WEST LITTLE RIVER HOMEOWNERS
&
TENTANTS ASSOCIATION INC.

2. Principal Office Address

8518 N.W. 23 Ave

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33147

Country

U.S.A.

3. Mailing Office Address

8518 N.W. 23 Ave

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33147

Country

U.S.A.

REINSTATEMENT

99-01

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

4/15/1998

5. FEI Number

65.0828421

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

CARLNELL JONES

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

8518 N.W. 23 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33147

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****367.50 ****367.50

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

Carlneell Jones

REGISTERED AGENT MUST SIGN

Date March 15, 2001

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/D	Carlneell Jones	8518 N W 23 Ave	Miami Florida 33147
V/D	James Mungin	1860 N W 86 Terr	Miami Florida 33147
S/D	Fannie Jones	2531 N W 82 St	Miami Florida 33147
T/D	Barbara Hamidullah	1939 N W 81 St	Miami Florida 33147
D	Bob Moody	2046 N W 92 St	Miami Florida 33147

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:

Carlneell Jones

Carlneell Jones

3/15/01

(305) 691-6435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)