

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N98000006532

1. Corporation Name  
 WESTSIDE INVOLVED NEIGHBORS INCORPORATED

Principal Place of Business Mailing Address  
 7059 RAMONA BLVD 7059 RAMONA BLVD  
 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/13/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3557670	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WALLER, RICK	7059 RAMONA BLVD.	JACKSONVILLE FL 32205
VD	SLEDGE, VERONICA	6570 ROMONA BLVD.	JACKSONVILLE FL 32205
TD	CASTELLANO, FRANK	5540 RAMONA BLVD	JACKSONVILLE FL 32205
SD	NGUYEN, ANN	622-9 CASSAT AVENUE	JACKSONVILLE FL 32205

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WALLER, RICK 7059 RAMONA BLVD JACKSONVILLE FL 32205		Name: Richard A. Waller Street Address (P.O. Box Number is Not Acceptable): 7059 RAMONA Blvd Suite, Apt. #, Etc.: City: Jacksonville State: FL Zip Code: 32205	

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: *Richard A. Waller* REGISTERED AGENT MUST SIGN  
 Date: 11-24-00

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: *Richard A. Waller* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 11-24-00 Daytime Phone #: 904-286-3532

FILED  
 Jan 16, 2001 8:00 A.M  
 Secretary of State



REINSTATEMENT

CR2E040 (8/00)