

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 JUL 24 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

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07/24/03--01020--010 \*\*297.50

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N980000006532

1. Corporation Name  
Westside Involved Neighbors, INC.

2. Principal Office Address  
7059 RAMONA Blvd

3. Mailing Office Address  
7059 RAMONA Blvd

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL.

Zip Country  
32205 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida  
11-13-98

5. FEI Number  
59-3557670

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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

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 Richard A. Waller Date 7-11-03

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
Pres	Rick Waller	7059 RAMONA Blvd	JACKSONVILLE, FL. 32205
V. Pres	Veronica Sledge	6750 RAMONA Blvd.	JACKSONVILLE, FL. 32205
Tres.	FRANK CASTELLANO	5540 RAMONA Blvd.	JACKSONVILLE, FL. 32205
Sec.	SANDY BAUMWALD	855 LANE AVE. S.	JACKSONVILLE, FL. 32205

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: Richard A. Waller Date 7-11-03 Daytime Phone # 904-786-3532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

BS