

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000000209

1. Corporation Name

THE WEST JUPITER COLLABORATIVE, INC.

Principal Place of Business

7187 CHURCH ST.
JUPITER FL 33458

Mailing Address

7187 CHURCH ST.
JUPITER FL 33458

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

65-0919468

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Willie Scott "D"	6784 Church Street	Jupiter FL 33458
V. Pres.	Avernel Matthews "D"	6879 2nd Street	Jupiter FL 33458
Tres.	Kelvin Wise "D"	6710 4th Street	Jupiter FL 33458
Sect.	Lorenzo Young "D"	6644 4th Street	Jupiter FL 33458
			700003748167--1 -02/22/01--01114--005 ****245.00 ****245.00 LS

8. Name and Address of Current Registered Agent

YOUNG, LORENZO
7187 CHURCH ST.
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003748167--1
-02/22/01--01114--006

*****61.25 State #23000051.25

FL

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 12/04/00

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: LORENZO YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00 (501) 744.9677
Date Daytime Phone #

CR2EM40 (8/00)