

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 17 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100550

1. Corporation Name

Winchester Apartments of Lake Worth, Inc.

2. Principal Office Address

6325 Angus Road

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

Zip

33467

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

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

10/25/2000

5. FEI Number

65-1055839

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

Bernard Effman

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

6325 Angus Road

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date 12/12/2003

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
D, P	Bernard Effman	6325 Angus Road	Lake Worth, FL 33467
D, S	Meryl Effman	6325 Angus Road	Lake Worth, FL 33467

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-966-5150

Date

Daytime Phone #

CR2E081 (10/02)