

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 22 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P0000 0103403**

**1. Corporation Name**

**WESTBROOK HOMES, INC.**

**2. Principal Office Address**

**P.O. Box 1667**

Suite, Apt. #, etc.

City & State

**LAKE PLACID, FL**

Zip

**33862**

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

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

**11/03/2000**

**5. FEI Number**

**05-1056181**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

**100024221771**  
10/29/03--01006--030 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name

**LUKE HARDMAN**

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

**510 BEAR RD.**

Suite, Apt. #, Etc.

City

**LAKE PLACID**

State

**FL**

Zip Code

**33852**

**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

*[Signature]*

Date **10/21/03**

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.	LUKE HARDMAN	510 BEAR RD.	LAKE PLACID, FL 33852

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/21/03**

Date

**239.701.4903**

Daytime Phone #

CR2E081 (10/02)

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

409 EAST GAINES ST.

TALLAHASSEE, FL 32399

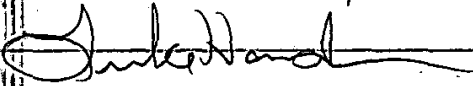
RE: REINSTATEMENT / WESTBROOK HOMES, INC.  
65-1056181

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT THIS LETTER TO ACKNOWLEDGE THAT THE  
CORPORATE FEES DID NOT GET PAID ON TIME DUE TO THE  
ADDRESS ON RECORD IS OVER A YEAR OLD, THEREFOR NO  
MAILINGS HAVE BEEN RECEIVED. ENCLOSED IS A REINSTATEMENT  
FORM WITH CORRECT INFORMATION AND \$150.00 FILING  
FEE.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

LUKE HARDMAN / PRES.



WESTBROOK HOMES, INC.