

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000034636

1. Corporation Name

WESTMARK REALTY SERVICES, INC.

Principal Place of Business

644 CYPRESS KEY DRIVE
ATLANTIS FL 33462

Mailing Address

644 CYPRESS KEY DRIVE
ATLANTIS FL 33462



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

2. New Principal Office Address, If Applicable

4385 Country Club Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4385 Country Club Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2001

5. FEI Number

22-3822780

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
PSTD	NOLA, BARBARA	644 CYPRESS KEY DRIVE	ATLANTIS FL 33462
PSTD	DORI CARPINELLO	4385 Country Club Dr	Atlanta, FL 33462

000008564350
10/24/02--01032--010 **750.00

8. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~
~~943 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name
DORI CARPINELLO
Street Address (P.O. Box Number is Not Acceptable)
4385 Country Club Drive
Suite, Apt. #, Etc.
City
Atlanta
State
FL
Zip Code
33462

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. or 617.0505, F.S.

Signature of
Registered Agent

DORI CARPINELLO
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

DORI CARPINELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 561-357-4795