

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moïtham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24877**

1. Corporation Name

WESGEN, INC.

Principal Place of Business

Mailing Address

THE QUADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

THE QUADRANGLE
4400 ALAFAYA TRAIL
ORLANDO FL 32826-2399

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

06/21/1989

5. FEI Number

25-1563806

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SIMONINI, R.R.	4400 ALAFAYA TRAIL	ORLANDO FL 32826-2399
VD	COFFMAN, J.M.	4400 ALAFAYA TRAIL	ORLANDO FL
VD	RUMANCIK, J.A.	4400 ALAFAYA TRAIL	ORLANDO FL
V	Janssen, B.L.	4400 ALAFAYA TRAIL	ORLANDO FL
T	Zike, H.W.	4400 Alafaya Trail	Orlando FL
S	Brown, S.M.	4400 Alafaya Trail	Orlando, FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

REINSTATEMENT

Name

Street Address (Do NOT Use Post Office Box Numbers)

Suite, Apt. #, Etc.

City

State

Zip Code

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

Vicky Goldstein

VICKY GOLDSTEIN

Date **11-20-98**

REGISTERED AGENT MUST **SPECIAL ASSISTANT SECRETARY**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. M. BROWN, Secretary

11/9/98

Date

407281-3331

Daytime Phone #

CR2E040 (9/98)