

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000057019**

1. Corporation Name

WESTYE GROUP - SOUTHEAST, INC.

Principal Place of Business

Mailing Address

9777 SATELLITE BLVD.
STE. #200
ORLANDO FL 32837

9777 SATELLITE BLVD.
STE. #200
ORLANDO FL 32837

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

07/24/1995

5. FEI Number

39-1826999

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	BAKKE, JAMES J	4717 HAMMERSLEY RD.	MADISON WI 53711
T	SWARTZ, DEBORAH B	4717 HAMMERSLEY RD.	MADISON WI 53711
S	BAKKE, HELEN	4717 HAMMERSLEY RD.	MADISON WI 53711
P	DONLIN, JAMES A	303 RUNNING WIND LANE	MAITLAND FL 32751
AS	RAGATZ, THOMAS G	150 E. GILMAN ST.	MADISON WI 53701
400024198084 10/28/03--01026--011 **758.75			

8. Name and Address of Current Registered Agent

F&L CORP.
FOLEY & LARDNER
THE GREENLEAF BLDG., 200 LAURA STREET
JACKSONVILLE FL 32202-3527

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

F&L CORP.

By: Charles W. Hedrick

Signature of
Registered Agent

Charles W. Hedrick, Authorized Signatory

REGISTERED AGENT MUST SIGN

Date 10/24/03

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: James A. Donlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/03 407-857-3777