

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name **WESTERN COMMUNITIES MANAGEMENT CORP.**

Principal Place of Business
10131 West Forest Hill Blvd.
Suite 150
West Palm Beach, FL 33414

Mailing Address

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

1/12/96

5. FEI Number

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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. Titles	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Jeffrey M. Bishop	10131 W. Forest Hill Blvd. Suite 150	West Palm Beach, FL 33414
VPres	Robert C. Campitelli	10131 W. Forest Hill Blvd. Suite 150	West Palm Beach, FL 33414

REINSTATEMENT

9/23/98
10/28

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Stuart B. Klein, Esq.
1551 Forum Place, Suite 400B
West Palm Beach, FL 33401

Name

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.

Signature of Registered Agent

Stuart B. Klein

REGISTERED AGENT MUST SIGN

Date

10/23/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/98

Date

561/791-3454

Daytime Phone

CR2000 (12/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) Western Communities Management Corporation	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 10131 Forest Hill Blvd #150	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code Wellington FL 33414	5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 264-02-6764 Jeffrey M. Bishop D.O. Pres.	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Church or church controlled organization	
<input checked="" type="checkbox"/> Other (specify) ▶ CORPORATION	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input checked="" type="checkbox"/> Other (specify) ▶ ACTIVATING BUSINESS
<input type="checkbox"/> Banking purpose (specify) ▶	

10 Date business started or acquired (Mo., day, year) (See instructions.) 1-12-96	11 Enter closing month of accounting year. (See instructions.)
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ NO WAGES

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ 0	Nonagricultural	Agricultural	Household
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14 Principal activity (See instructions.) ▶ MANAGEMENT COMPANY

15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
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Legal name ▶	Trade name ▶
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.		
Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ Jeffrey M. Bishop Pres.	Business telephone number (include area code) (561) 791-3454
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Signature ▶ <i>[Signature]</i>	Date ▶ 10-22-98
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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