

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~



99-20
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 27 PM 12:24

DOCUMENT # P97000107988 (2)

1. Corporation Name

West Pines Associates, Inc.

2. Principal Office Address

12000 Biscayne Blvd.,

Suite, Apt. #, etc.

#810

City & State

Miami, FL

Zip

33181

Country

USA

3. Mailing Office Address

12000 Biscayne Blvd.

Suite, Apt. #, etc.

#810

City & State

Miami, FL

Zip

33181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1997

5. FEI Number

65-0883128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. Scott Ireland

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

c/o Ireland Companies, 12000 Biscayne Blvd.

Suite, Apt. #, Etc.

#810

City

Miami

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

1-26-00

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
PD	Ireland, R. Scott	12000 Biscayne Blvd., #810	Miami, FL 33181
SD	Ireland, Lou	12000 Biscayne Blvd., #810	Miami, FL 33181
			200003119082-8 -02/01/00-01107-018 ****150.00 ****150.00

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:

Lou Ireland LOU IRELAND

1-26-00

Date

305-891-6806

Daytime Phone #

CR2E081 (9/99)