

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR -7 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 98000032839

1. Corporation Name

Westchester Financial Corporation

2. Principal Office Address

14858 Par Club Circle

3. Mailing Office Address

14858 Par Club Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3519207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

100013629601

03/06/03--01053--011 \*\*308.75

7. Name and Address of Current Registered Agent

Name

Speros D. Homer, Jr.

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

14858 Par Club Circle

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624-2738

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 March 5, 2003

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
P/T	Speros D. Homer, Jr.	14858 Par Club Circle	Tampa, FL 33624-2738
S	Loretta F. Homer	14858 Par Club Circle	Tampa, FL 33624-2738

10. I certify that I am an officer or director of 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:

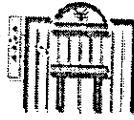
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/2003 813-264-2851

Date

Daytime Phone #

CR2E081 (10/02)



**WESTCHESTER FINANCIAL CORPORATION**

14858 Par Club Circle  
TAMPA, FLORIDA 33688-3812  
TEL: 813-264-2851  
FAX: 813-264-1281

E-MAIL: HOMLAW@MINDSPRING.COM

**MARCH 5, 2003**

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of Westchester Financial Corporation, P98000032839

Dear Sir or Madam:

I am requesting Reinstatement of Westchester Financial Corporation due to failure to file the Uniform Business Report for 2002.

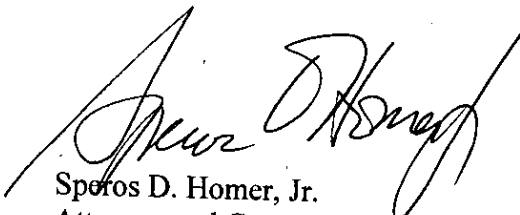
I have moved to a larger condo due to health reasons after I had closed my Post Office Box because I was unable to drive.

I am requesting Reinstatement of Westchester Financial Corporation by the payment of \$300 and the enclosed Uniform Business Report.

In addition, I am also enclosing an additional amount of \$8.75 for a Certificate in Good Standing.

Enclosed is a FEDERAL EXPRESS PACKAGE for returning the Certificate in Good Standing and the Reinstatement documents.

Sincerely,

  
Speros D. Homer, Jr.  
Attorney and Counsellor at Law

SDH:lkf

cc: Enclosures