

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Original

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 21 PM 1:54

DOCUMENT # P99000093684

1. Corporation Name
WELLSLEY PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O KENNETH J. LAPOINTE C/O KENNETH J. LAPOINTE
300 W. ADAMS ST., STE. 440 300 W. ADAMS ST., STE. 440
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202



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 4. Date Incorporated or Qualified To Do Business in Florida 10/25/1999 5. FEI Number Applied For Applied For 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	LAPOINTE, KENNETH J	300 W. FORSYTH ST., STE. 440	JACKSONVILLE FL 32202
DV	HOWELL, WILLIAM R	300 W. FORSYTH ST., STE. 440	JACKSONVILLE FL 32202
DST	YOUNG, SHIRLEY A	300 W. FORSYTH ST., STE. 440	JACKSONVILLE FL 32202

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***300.00 ***300.00
SP

8. Name and Address of Current Registered Agent LAPOINTE, KENNETH J 300 W. ADAMS ST., STE. 440 JACKSONVILLE FL 32202 9. Name and Address of New Registered Agent 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 [Signature] REGISTERED AGENT MUST SIGN Date 5/15/01

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/15/01 904-292-0778 Date Daytime Phone #

CR2E040 (8/00)

WELLSLEY PLACE HOMEOWNERS ASSOCIATION, INC.
300 W. Adams Street
Suite 440
Jacksonville, FL 32202

May 15, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Document #P99000093684
Wellsley Place Homeowners Association, Inc.

To whom it may concern:

Wellsley Place Homeowners Association, Inc. requests that the attached application for reinstatement be reviewed and that the corporation be reinstated. The dissolution of the corporation was due to change in management and due to an incorrect address on the correspondence. The address that is listed on the application is correct.

Attached is also a check for \$300.00 due for processing. If you have any questions or if the information is incomplete, please contact Ginger May at 904-292-0778.

Yours truly,

William R. Howell, II

William R. Howell, II
Wellsley Place Homeowners Association, Inc.