

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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

C/O KENNETH J. LAPOINTE  
300 W. ADAMS ST., STE. 440  
JACKSONVILLE FL 32202

Mailing Address

C/O KENNETH J. LAPOINTE  
300 W. ADAMS ST., STE. 440  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/25/1999

5. FEI Number

Applied For

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)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| 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   |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

300004435553--2  
-06/21/01-01083-011  
\*\*\*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*  
SIGNATURE REQUIRED  
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  
Date

904-292-0778  
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.