PLEASE READ APPLICATION	ALL INSTRUCTIONS FLORIDA DEPARTME			ING THIS FORM.	2
FOR	Secretary S	Since ATIONS		FILED	_
DOCUMENT # P99000108933			00 OCT 19 AM 9: 28		
WEST WIND LAND, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business Mailing Address				18 (8)(8 (8)(8 38)(8 83)(8 83)(8 (8)(8 83)(8)	I d 182 80 (188 1 90)
1425 N.W. 2ND AVENUE DELRAY BEACH FL-89445 33444	1425 N.W. 2ND AVENUE DELRAY BEACH FL 33445- 33 444				
If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #, etc.			12/16/1999		
City & State_	City & State		650987324 Not Applicable		Applied For Not Applicable
Zip Country	Zip Countr	у	6. CERTIFICATE	OF STATUS DESIRED (\$8.75 Addition for a Certification)	nal Fee required cate 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 1		Street Address of Each Officer and/or Director		City / State / Zip	
Pres. Hollie 8. Highes HZSNW		2d Ave	Delray Beach, FL 33444		
V.P. Parian Huggs	gs #10 S.w. 2		Z † '	Boca Raton, FL 3	3486
Treas. Terrell K. Higgs	1425 NW	1425 NW 2nd A		pelray Beach, FL	33444
			70	000 <u>344808</u> 7	4
				-1[/01/000[125 ****150.00 ****1	019 50.00
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
HIGGS, TERRELL K 1425 N.W. 2ND AVENUE DELRAY BEACH FL 82445 -		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
33444		City		State 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 REGISTERED AGENOMUST SIGN Date 10/17/00					
11 certify that I am an officer or director or the receiver or trustee emouvered to execute this application as provided for in chanter 607 or 617. 5.5.1 further certify that when filling					

. 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. KE
10/17/00 561-278-3320

Date

SIGNATURE:

SIGNATURE THE TREE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Terrell and Hollie Higgs 1425 N.W. 2nd. Ave. Delray Beach, FL 33444 561-278-3871 E-mail: HiggsTK@aol.com

To: Florida Dept. of State, Div. of Corporations

October 17, 2000

Dear Madam or Sir:

-We are writing in response to a form for dissolution of Corporation / Reinstatement of Corp. (Document # P99000108933). In it was a statement that we should have gotten a second notice of a report by June 9, 00. We have not gotten any reports up until this one.

There is an error in the zip code of the address that we have corrected on this form that may have been the problem.

We called today and spoke to a lady on the phone and explained the situation. She said to send in a letter with this form and a check for one hundred and fifty dollars and that it would be investigated. Please find this check enclosed with the completed form.

Thank you and please call me with any questions. Daytime phone 561-278-3320.

Yours Truly,

Terrell K. Higgs

Sec. / Treas. West Wind Land, Inc.

Terrell K. Do