

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93598 047 \*\*\*\*61.25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

673741

DOCUMENT # N000000006544

1. Corporation Name  
WEST PORT OFFICE/INDUSTRIAL PARKING  
C/O GUARANTEE MANAGEMENT SERVICE  
7200 N.W. 7TH STREET #300  
MIAMI, FL 33126

2. Principal Office Address  
7200 N.W. 7 ST #300  
MIAMI, FL 33126

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
City & State  
MIAMI, FL

Suite, Apt. #, etc.  
City & State

Zip  
33126

Country  
MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida JULY 18, 1996

5. FEI Number  
65-0717855

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  
ELIANE RUBEN, C.A.M.

Street Address (P.O. Box Number is Not Acceptable)  
C/O GUARANTEE MANAGEMENT SERVICES, INC.

Suite, Apt. #, Etc.  
7200 NW 7 ST. #300

City  
MIAMI

State  
FL

Zip Code  
33172

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 [Signature] Date 4-26-02

REGISTERED AGENT MUST SIGN

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/D	LUIGI BORIA	10650 NW 29 TERR #1	MIAMI, FL 33172
S/D	RAY RUEDA	10540 NW 29 TERR #3	MIAMI, FL 33172
D	E. ZENDERMAN	10500 NW 29 TERR #2	MIAMI, FL 33172

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)(f), 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] Date 4-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)