

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR **96**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42015**

1. Corporation Name

WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.

Principal Place of Business

1512 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

Mailing Address

1512 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1991

5. FEI Number

65-0330822

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MCCRORY, J WALTER	1512 E BROWARD BLVD #200	FT LAUDERDALE FL
DST	RYAN, THOMAS J III	2320 NE 9TH STREET #300	FT LAUDERDALE FL
D	FISHER, RANDOLPH R	1791 S E 10 STREET	FT LAUDERDALE FL
D	PAYNE, JOHN H	1026 NE 45TH ST	FT LAUDERDALE FL

REINSTATEMENT 1996
O. Allan

8. Name and Address of Current Registered Agent

MCCRORY, J. WALTER ESQ
1512 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

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

REGISTERED AGENT MUST SIGN

Date **11-15-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Walter McCrory PRES/DIRECTOR

11-15-96

Date

954-462-1124

Daytime Phone