

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 25, 2004
Secretary of State**

DOCUMENT# N42015

Entity Name: WEST SUNRISE COMMERCIAL PARK ASSOCIATION, INC.

Current Principal Place of Business:

515 E LAS OLAS BLVD
900
FT LAUDERDALE, FL 33301

New Principal Place of Business:

3325 S UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

Current Mailing Address:

515 E LAS OLAS BLVD
900
FT LAUDERDALE, FL 33301

New Mailing Address:

3325 S UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

FEI Number: 65-0339822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, TERRY
515 EAST LAS OLAS BLVD
SUITE 900
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

COHEN, HAL J
3325 S UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HAL J COHEN

10/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, TERRY
Address: 515 EAST LAS OLAS BLVD, SUITE 900
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: FAIRBANKS, CORY
Address: 5401 WEST SAMPLE RD
City-St-Zip: COCONUT CREEK, FL 33073

Title: D (X) Delete
Name: CIENER, CAROL
Address: 515 EAST LAS OLAS BLVD., SUITE 900
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, HAL J
Address: 3325 S UNIVERSITY DRIVE SUITE 210
City-St-Zip: DAVIE, FL 33328 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL J COHEN

PD

10/25/2004

Electronic Signature of Signing Officer or Director

Date