

APPLICATION  
FOR  
REINSTATEMENT

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

APPROVED  
AND  
FILED

## DOCUMENT #

P96000080224

1. Corporation Name

WESTPOINTE 8, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8950 NW 33rd Street  
Miami, Florida 33172

8950 NW 33rd Street  
Miami, Florida 33172

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

65-0720106

Not Applicable

Zip

Country

Zip

Country

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)	2	3	4
Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	NASIR KASSAMALI	8950 NW 33rd Street	MIAMI, FLORIDA 33172
VP	NARGIS KASSAMALI	8950 NW 33rd Street	MIAMI, FLORIDA 33172

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\*\*\*\*900.00 \*\*\*\*900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORP.  
701 BRICKELL AVENUE # 3000  
MIAMI, FLORIDA 33131

Name

NASIR KASSAMALI

Street Address (P.O. Box Number is Not Acceptable)

8950 NW 33rd Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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]*  
REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NASIR KASSAMALI

PRESIDENT

June 29, 2000 (305) 437-7975

Date

Daytime Phone #