

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT.**



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

68 JUN 25 11:23 AM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 724250

1. Corporation Name  
**WESTCHESTER LUXURY INC.**

Principal Place of Business Mailing Address  
**C/O TPS MANAGEMENT**  
**P.O. BOX 661554**  
**MIAMI SPRINGS, FL 33266** **SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida **09/01/1972**

5. FEI Number **59-1550133** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 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)

| 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 |
|------------|-------------------------------------|---|----------------------|
| P/D        | MARIAL DEL CARMEN PEREZ             | 8990 CORAL WAY APT. 19  | MIAMI, FL 33165      |
| V/D        | RAZZIEL VAZQUEZ                     | 8990 CORAL WAY APT. 28  | MIAMI, FL 33165      |
| S/D        | CARMEN T. SUAU                      | 8990 CORAL WAY APT. 217   | MIAMI, FL 33165      |
| T/D        | AURELIO LLORENTE                    | 8990 CORAL WAY APT. 23  | MIAMI, FL 33165      |
| D          | RAMON SUAREZ                        | 8990 CORAL WAY APT. 22  | MIAMI, FL 33165      |
| D          | BIENVENIDO LORENZO                  | 8990 CORAL WAY APT. 27  | MIAMI, FL 33165      |
| D          | LEONILA HUSTA                       | 8990 CORAL WAY APT. 213   | MIAMI, FL 33165      |

8. Name and Address of Current Registered Agent

600002768446--7  
 -02/08/99--01170--006  
 \*\*\*\*\*297.50 \*\*\*\*\*297.50

9. Name and Address of New Registered Agent

Name  
**SKRLD, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA CIRCLE**  
 Suite, Apt #, Etc.  
**SUITE #1102**  
 City  
**CORAL GABLES**  
 State Zip Code  
**FL 33134**

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  
*Helio Delma Pres.*  
 REGISTERED AGENT MUST SIGN

Date **12/29/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: *Maria Del Carmen Perez* MARIA DEL CARMEN PEREZ  
 PRESIDENT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-593-2295

Date Daytime Phone #

CR2EAO (1-98)