

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 23 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735555

1. Corporation Name

WESTLAND INDUSTRIAL PARK PHASE THREE, INC.
3301 NW 107 STREET
MIAMI, FL 33168

W-30069

2. Principal Office Address

3301 NW 107 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

MIAMI DADE

3. Mailing Office Address

3301 NW 107 STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33168

Country

MIAMI DADE

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/1978

SP

5. FEI Number

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

SCOTT A. SILVER, ESQ.

100003656561-1

-02/07/01--01094--004

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

1110 BRICKELL AVE., PH 1

*****910.00 *****910.00

Suite, Apt. #, Etc.

100003656561-1

-02/07/01--01094--005

City

MIAMI

State

FL

Zip Code

33131

*****61.25 *****61.25

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

Date

12/15/00

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	YORAM IZHAK	3301 NW 107 STREET	MIAMI FL 33168
T	YUEANA IZHAK	"	"
T	YAEK IZHAK	"	"

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)(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

12-15-2000

Date

Daytime Phone #