

APPLICATION FOR REINSTATEMENT

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 21 AM 9:25

DOCUMENT # F48819

1. Corporation Name

FOURWAYS PROPERTIES, INC.

800005193658--3

-04/05/02--01008--006

*****8.75 *****8.75

Principal Place of Business

Mailing Address

539 BEACHLAND BLVD.
VERO BEACH FL 32903

539 BEACHLAND BLVD.
VERO BEACH FL 32903



REINSTATEMENT 01-02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/23/1981	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KARIYA, JAN	5TH FL., CHARLES HOUSE 108-110 F	LONDON, NW3&J, U.K.
VP	SACHDEV, CHARLES	85 RENFREW DRIVE, MAIN FLOOR	MARKHAM, ONTARIO, CANADA FL L3B
S	SACHDEV, CHARLES	85 RENFREW DRIVE, MAIN FLOOR	MARKHAM, ONTARIO, CANADA FL L3B
			800005193658--3
			-04/05/02--01008--007
			***900.00 ***900.00

By/ly

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VERO BEACH REALTY, INC. 539 BEACHLAND BLVD. VERO BEACH FL 32903		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.

VERO BEACH REALTY, INC.

Signature of Registered Agent

BY:

Priscilla Myers

REGISTERED AGENT MUST SIGN

Date *March 19, 2002*

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

Charles Sachdev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2002

Date

Daytime Phone

CHARLES SACHDEV

Mar. 05 2002 01:52PM P2

FAX NO. : 561 56968005

FROM : STEWART TITLE IRC

08-MAR-2002 18:30

905 948 1771

S.03