

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # J53357

1. Corporation Name

THE 5000 CORP.

Principal Place of Business

54 SW BOCA RATON BLVD.  
BOCA RATON FL 33432  
US

Mailing Address

54 SW BOCA RATON BLVD.  
BOCA RATON FL 33432  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
96 DEC -2 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 12-2-96

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1987

5. FEI Number

96-0081108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	CLEMENTS, NORMAN	54 SW BOCA RATON BLVD.	BOCA RATON FL
VPD	FAULKNER, NORMAN	54 SW BOCA RATON BLVD	BOCA RATON FL
STD	PETEPICE, WILLIAM	48 BECKWITH ROAD.	OTTAWA, ONTARIO CANADA

200002018432--9  
-12/03/96--01139--003  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

COHEN, EDWARD B.  
54 SW BOCA RATON BLVD  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

EDWARD B. COHEN

REGISTERED AGENT MUST SIGN

Date 11/26/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN CLEMENTS

Nov 496 (905) 852-6115

Date

Daytime Phone #