

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L20836**

1. Corporation Name  
**75 WEST PHASE II, INC.**

Principal Place of Business <b>3578 NW 97 BLVD GAINESVILLE FL 32606 US</b>	Mailing Address <b>13429 NW 32 PLL GAINESVILLE FL 32606 US</b>
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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 <b>10/05/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>12801 NW 56 Ave</b>		5. FEI Number <b>59-2970391</b>	
City & State		City & State <b>Gainesville Florida</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
		<b>32653</b>	<b>USA</b>		

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	4 City / State / Zip
PS	KAPLAN-STEIN, ROBERT	3578 NW 97 BLVD	GAINESVILLE FL
VT	KAPLAN-STEIN, DR. DALE	3578 NW 97 BLVD	GAINESVILLE FL
			900004698119--8
			-11/29/01--01041--011
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>KAPLAN-STEIN, ROBERT E.</b> <b>13429 NW 32 PLACE</b> <b>GAINESVILLE FL 32606</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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.

Signature of Registered Agent *Robert Kaplan-Stein* Date 10/29/01  
REGISTERED AGENT MUST SIGN

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:** *Robert Kaplan-Stein* Date 10/29/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)