

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000015677

02 NOV 19 PM 1:13

1. Corporation Name

5425 WEST, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02



01-30-02 90069 039 \$150.00

Principal Place of Business

5425 W ATLANTIC BLVD
MARGATE FL 33063

Mailing Address

5425 W ATLANTIC BLVD
MARGATE FL 33063

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

4. Date Incorporated or Qualified To Do Business in Florida

02/12/2001

5. FEI Number

65-1076740

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75. 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	4 City / State / Zip
PTD	SILVERTHORNE, PHILIP	5425 W ATLANTIC BLVD	MARGATE FL 33063
SD	ELSHORBAGY, ZIAD	5425 W ATLANTIC BLVD	MARGATE FL 33063
PTD	WILLIAM E. NUPP JR.	5425 W ATLANTIC BLVD	MARGATE FL 33063

200009055232
11/18/02--01101--006 **\$600.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name ZIAD S. ELSHORBAGI
Street Address (P.O. Box Number is Not Acceptable)
5425 W ATLANTIC BLVD
Suite, Apt. #, Etc.
City MARGATE State FL Zip Code 33069

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

SIGNATURE REQUIRED
ZIAD ELSHORBAGI 10/23/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/02)