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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 MAY -2 PM 6: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000020647*

1. Corporation Name
8250 West Sunrise, Corp.

2. Principal Office Address
8200 W. Sunrise Blvd.

Suite, Apt. #, etc.
Suite C-2

City & State
Plantation, FL

Zip
33322

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
02-0620382

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
Cantor, Jerald C.

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd

Suite, Apt. #, Etc.
265 S

City
Hollywood, FL

State
FL

Zip Code
33021

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date *4/22/05*

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
PD	St. Aubin, Robert Jr.	8200 W. Sunrise Blvd. C-2	Plantation, FL 33322

000054340630
05/12/05--01074--001 **450.00

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:

Robert H. Aubin Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/05

2/2

8250 West Sunrise, Corp.

82 West Sunrise Blvd. Suite # C-2

April 26, 2005


Florida Dept. of State
Division of Corporation
P. O. Box 6198
Tallahassee, Florida 32314-6198

Ref: Doc # P01000020647

Dear Sir or Madam:

The purpose of this letter is to respectfully request a waiver of the reinstatement fee because we did not receive in the mail the Annual Report Notice. We attribute this to the fact that we change address (from suite # C6 to C2) in the building we are located. We have experience similar difficulties with other entities in addition to a significant downsizing of the company personnel resulting in losing essential employees.

Sincerely,


Robert St. Aubin Jr.
President