

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 OCT 13 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000032180**

1. Corporation Name  
**4747 INVESTMENTS, INC.**

Principal Place of Business	Mailing Address
8300 NW 70 ST MIAMI FL 33166	8300 NW 70 ST MIAMI FL 33166



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.		03/21/2001	
City & State		City & State		5. FEI Number	
Zip		Country		65-1110524	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	SOST, PAUL E	19431 NW 3RD ST	PEMBROKE PINES FL 33029
STD	HAWKES, DUANE K	4027 SW 140TH AVE	DAVE FL 33330

700023748777  
10/13/03--01059--008 \*\*150.00

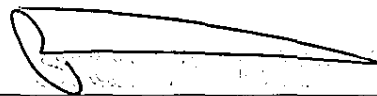
8. Name and Address of Current Registered Agent

**HAWKES, DUANE K**  
8300 NW 70 STREET  
MIAMI FL 33166


9. Name and Address of New Registered Agent

Name **PAUL E. SOST**  
Street Address (P.O. Box Number is Not Acceptable)  
**8300 NW 70 STREET**  
Suite, Apt. #, Etc.  
City **Miami** State **FL** Zip Code **33166**

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  Date **10.09.03**  
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:**  **PAUL E. SOST** **10.09.03** **305.592.1746**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



THE HEAVY DUTY FLEET SPECIALISTS

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
409 East Gaines St.  
Tallahassee, FL 32399  
October 9, 2003

TO WHOM IT MAY CONCERN

RE: 4747 INVESTMENTS, INC.

This serves to inform you that my failure to file the 2003 Uniform Business Report in a timely manner was not as a result of willful neglect on my part but because I did not receive the notices. Please accept my apologies and waive the reinstatement fee and associated penalties. I have enclosed a check in the amount of \$150.00 (Check No. 1019) along with the completed Application for Reinstatement.

Thank you for your cooperation and understanding.

Sincerely,

A handwritten signature in black ink, appearing to be 'P. Sost', written over a horizontal line.

Paul E. Sost  
PES/sbm

Enclosures