

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000032180

1. Corporation Name

4747 INVESTMENTS, INC.

Principal Place of Business

8300 NW 70 ST  
MIAMI FL 33166

Mailing Address

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

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

03/21/2001

5. FEI Number

65-1110524

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

REGISTERED AGENT MUST SIGN

Date 10.09.03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.09.03

Date

305-592-1746

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