

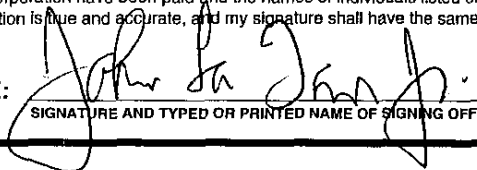


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 22 AM 8:00 REINSTATEMENT 95-04 MRS 200033565062 01/22/04--01051--028	
DOCUMENT # P93000065520				
1. Corporation Name WEST STREET PROPERTIES, INC.				
2. Principal Office Address 124 Emmett Street Suite, Apt. #, etc.		3. Mailing Office Address 124 Emmett Street Suite, Apt. #, etc.		
City & State Daytona Beach, FL		City & State Daytona Beach, FL		
Zip 32114	Country USA	Zip 32114	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3204237		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable		
		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name JAMES G. HAH, ESQ.				
Street Address (P.O. Box Number is Not Acceptable) 1414 W. Granada Blvd.				
Suite, Apt. #, Etc. #4				
City Ormond Beach		State FL	Zip Code 32174	
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 		Date 4/12/04		
REGISTERED AGENT MUST SIGN				
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	
DPST	John Latour, Jr.	124 Emmett St.	Daytona Beach, FL 32114	
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)(l), 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: 		John Latour, Jr. 4/12/04 (386) 672-1332 (atty)		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

CR2E081 (9/01)