

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 MAR 23 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 98000077822

1. Corporation Name

ST. GEORGE WEST, INC.

Principal Place of Business

Mailing Address

712 NW 27th Avenue
Ft. Lauderdale, FL 33311

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

11/04/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0625520

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	KEN CHACE	1975 E SUNRISE BLVD. #629	FT. LAUDERDALE, FL 33304
SEC	KEN CHACE	1975 E SUNRISE BLVD. #629	FT. LAUDERDALE, FL 33304

200002467222-0
-03/24/98--01105--004
***1050.00 ***1050.00

REINSTATEMENT

96-98
3/23/98

8. Name and Address of Current Registered Agent

HARRIS K. SOLOMON, ESQ.
BRINKLEY, McNERNEY, MORGAN, SOLOMON &
TATUM
200 EAST LAS OLAS BLVD. SUITE #1800
FT. LAUDERDALE, FL 33301

9. Name and Address of New Registered Agent

Name
KEN CHACE
Street Address (P.O. Box Number is Not Acceptable)
CERTIFIED TAX CONSULTANTS
Suite, Apt. #, Etc.
1975 E SUNRISE BLVD. SUITE #629
City
FT. LAUDERDALE
State
FL
Zip Code
33304

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.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3 / 17 / 98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/98

Date

(954) 525-4100

Daytime Phone #

CR2E040 (12/96)