

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 21 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078254

1. Corporation Name

West Everglades Gardens, Inc.

2. Principal Office Address

2665 S. Bayshore Drive

3. Mailing Office Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 703

Suite, Apt. #, etc.

Suite 703

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

REINSTATEMENT

04.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/93

5. FEI Number

65-0451868

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

World Corporate Services, Inc.

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

2665 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 703

City

Miami

State

FL

Zip Code

33133

100072946471

05/01/06--01004--014 **450.00

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

Luzia D. Richards
REGISTERED AGENT MUST SIGN

Date 4/18/06

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
D	Rodriguez, Rita	2665 S. Bayshore Drive, #703	Miami, FL 33133
D	Rodriguez, Juan Pablo	2665 S. Bayshore Drive, #703	Miami, FL 33133

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 contained in Chapter 119, 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

4/18/06

Date

(305) 858-9900

Daytime Phone #

K. Eckel APR 21 2006

2/2

West Everglades Gardens, Inc.

2665 S. Bayshore Drive
Suite 703
Miami, FL 33133

April 28, 2006

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Division

Re: West Everglades Gardens, Inc. (the "Company")

Dear Sir or Madam:

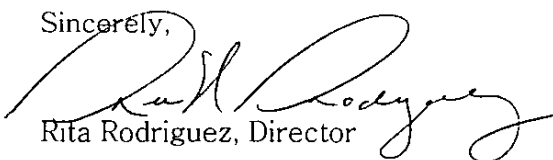
As our office advised your corporate specialist, the Company never received the Annual Reports for the 2004 and 2005 calendar year, and we were unaware of the filing requirement. Thus, we respectfully request that the Company be reinstated and that the reinstatement penalty fee be waived.

In accordance with the instructions received, enclosed herewith please find the following in order to reinstate the Company with the Florida Secretary of State:

1. State of Florida Application For Reinstatement; and
2. Check no. 5070 payable to the Secretary of State in the amount of \$450.00 to cover the Filing Fee for 2004 (\$150.00); the Filing Fee for 2005 (\$150.00); and Filing Fee for 2006 (\$150.00).

Your assistance in this matter is greatly appreciated.

Sincerely,


Rita Rodriguez, Director