• PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM.
CLA AL	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S	rtham State	APPROVED AND FILED
DOCUMENT # P9500	DIVISION OF CORPO	HATIONS	97 JUL 18 PM 3: 04
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Wilbert Westbrook (arpentry, Frc.		tic.	THE MINDSEE, PEUKIDA
Principal Place of Business Mailing Address			
1549 H.W. 31st Way		100	
fort Lauderdale,	filonida 3331	1. U353	
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	ough Incorrect information and enter 3. New Mailing Office Address, If	Total Control	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		To Do Business in Florida 5. FEI Number Applied For
City & State	City & State	(Applied For Not Applicable
Zip Country	Zip Countr		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers and/or Directors	Str	ations must list at least eet Address of Each ficer and/or Director	3 directors) City / State / Zip
1 2 3 (Do NOT Use Post Office Box Numbers) 4			
President Wilbort Westbrooks 1549 N.W. 31stray Ft. Lauderdall			
			Fl. 3331/
			0000022456909
			****365.00 ****365.00
			LPT ALLIAN
8. Name and Address of Current F	Ispistered Apent		Name and Address of New Registered Agent
Wilbort West-brooks			St. Traine and Address of Hear Hegistered Agent
1549 U.W. 315t WOLL			. Box Number is Not Acceptable)
Fort Laurenthle Fl. 33311		Suite, Apt. #, Etc.	
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 XW Llast Wast Lapak REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No			
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 filling 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:X 41 elect west brook			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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