

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000025715

1. Corporation Name

WESTFIELD R. CORP

FILED

99 SEP 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

169 SUNNY ISLES BLVD.
SUNNY ISLES BCH.
FL 33160

Mailing Address

169 SUNNY ISLES BLVD.
SUNNY ISLES BCH.
FL 33160

REINSTATEMENT

98-99th

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

3/31/95

5. FEI Number

65-0579114

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)

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
P, VD	ALBINA ZOZULYA	169 SUNNY ISLES BLVD. SUNNY ISLES BCH, FL 33160	SUNNY ISLES BCH. FL 33160

1100003006481--9
-10/05/99--01113--004
****900.00 ****900.00

8. Name and Address of Current Registered Agent

MARK KATSMAN, ESQ.
9350 S. DIXIE HWY
PENTHOUSE 2
MIAMI, FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mark Katzman

REGISTERED AGENT MUST SIGN

Date

8/27/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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: X

ALBINA ZOZULYA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99
Date

305-610-3224
Daytime Phone #

CR2E081 (12/98)