

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -5 PM 4:29

**CORPORATION
REINSTATEMENT**

DOCUMENT # P95000049393

Corporation Name

2000 WEST BAY DRIVE GROUP, INC.

Principal Office Address

2000 WEST BAY DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

2000 WEST BAY DRIVE
Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

LARGO, FLORIDA

Zip Country
33770 USA

Zip Country
33770 USA

REINSTATEMENT 0203

af 800020540988
06/05/03--01033--001 **\$00.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/1995

5. FEI Number
59-3328670

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

PETER T. HOFSTRA, ESO.

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

8640 SEMINOLE BOULEVARD

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33770

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

5/12/03

REGISTERED AGENT MUST SIGN

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/P	JOEL V. BLUMBERG	2000 WEST BAY DRIVE	LARGO, FLORIDA 33770

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/2/03