

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 OCT 11 AM 8:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P960000005226**
 1. Corporation Name
WEST DIXIE KING, INC.

Principal Place of Business Mailing Address
1747 Van Buren Street same
#720
Hollywood, Florida 33020

REINSTATEMENT 97-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
see above
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
see above
 Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/16/96**

5. FEI Number Applied **SP**
 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/D	Peter Izaak	1747 Van Buren Street #720	Hollywood, FL 33020

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 -10/22/99--01085--003
 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
new registered agent

9. Name and Address of New Registered Agent

Name **Peter Izaak**

Street Address (P.O. Box Number is Not Acceptable)
1747 Van Buren Street, #720

Suite, Apt. #, Etc.

City **Hollywood** State **FL** Zip Code **33020**

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 REGISTERED AGENT MUST SIGN Date **September 29, 1999**

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 re-statement 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: **Peter Izaak**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **September 29, 1999** Daytime Phone #

CR2001 (12/98)