FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 SEP 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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****908.75 ****908.75

DOCUMENT # P96000044276

1. Corporation Name
18336 WEST DIXIE, INC

REINSTATEMENT 01-02

2. Principal Office Address		3. Mailing Office Address	
1747 Van Buren Street		1747 Van Buren Street	
Suite, Apt. #, etc. 720		Suite, Apt. #, etc. 720	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/23/96

5. FEI Number 65-0679113 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Peter Izaak

Street Address (P.O. Box Number is Not Acceptable): 1747 Van Buren Street

Suite, Apt. #, Etc.: 720

City: Hollywood — State: FL — Zip Code: 33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: PETER Izaak Date: 9/12/02

REGISTERED AGENT MUST SIGN

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
PSD	Peter Izaak	1747 Van Buren Street	Hollywood, FL 33020
VTD	Michael Taylor	1250 102 Street	Bay Harbor FL 33154

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 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 09/12/02 305-987-2278

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

9/12/02