

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 97000085609

1. Corporation Name

Commerce Park West Inc

500003417965--0
-10/09/00--01007--015
****300.00 ****300.00

2. Principal Office Address

3111 FORTUNE WAY

Suite, Apt. #, etc.

Suite B-18

City & State

Wellington FLA

Zip

33414

Country

U.S.A

3. Mailing Office Address

3111 FORTUNE WAY

Suite, Apt. #, etc.

Suite B-18

City & State

Wellington FLA

Zip

33414

Country

U.S.A

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

10/2/97

5. FEI Number

65-0808629

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

RONNIE PERTNOY

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

3111 FORTUNE WAY

Suite, Apt. #, Etc.

Suite B-18

City

Wellington

State

FL

Zip Code

33414-1

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/18/00

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
OP	RONNIE PERTNOY	3111 FORTUNE WAY B-18	Wellington FLA 33414
DVP	STEVEN SHAPIRO	3111 FORTUNE WAY B-18	Wellington FLA 33414
DT	SIDNEY PERTNOY	150 WEST FLAGLER STREET	MIAMI FLA 33130

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:

RONNIE PERTNOY

Date

9/18/00

Daytime Phone #

(561) 793-5852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)