PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ← → FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	,	ŗ	300000	Ä	واعتسو
Corporation Name			•		•

P98000084896

WEST SUNRISE DEVELOPMENT CORP.

14416 STE. 3:18 Ct.

00 FEB - L PM 4: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

416TSTRENE 18 Ct.

SUNNIFT! Bauderdale, Fl. 33315 SUNFF: FLE auderdale, Fl. 33315

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 10-02-98 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED

7. Names	and Street Addresses of Each Officer and/or Dire	ector (Florida nonprofit corporations must list at le	east 3 directors)
Title(s)	Name of Officers and/or Directors 2	Street Address of Ear Officer and/or Director	°
ij	Control of the Contro	, np. e , t	****300.00 ****300.00
Р	Paul E. Taylor	4701 NÉ 3AUÉ	Pomp Bch FC 32064
		ENER	WT T
		PENSTATEMEN	
	8 Name and Address of Current Regist	ered Agent	9. Name and Address of New Registere Agent

8. Name and Address of Current Registered

9. Name and Address of New Registers

Ardel Poplack 930 S. StatesRd 5 7 Plantation, F1. 33317

Pau1 E. Taylor Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

Cityponpuns

33064

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

2-3-00

11, 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.

NATURE REQUIRED NATURE AND THE PROPERTY OF PRINCE OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #