




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 DEC 29 AM 8:30 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P99000040651					
1. Corporation Name Interstate Commerce Park of Broward, Inc.					
2. Principal Office Address 4400 PINWOOD RL Suite, Apt. #, etc. City & State Melbourne, FL Zip 32934 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 9/12/00 900160234150.00 4. Date Incorporated or Qualified To Do Business in Florida 5/05/99 5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name: JOHN L SOILPAU Street Address (P.O. Box Number is Not Acceptable): 1970 MICHIGAN AVE, BLDG C Suite, Apt. #, Etc.: City: COCOA State: FL Zip Code: 32922					
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:  Date: 12/20/00 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		
Pres.	MICHAEL LUCIDO	1660 SW 6AR	BOCA RATON, FL 33486		
VP	CHARLES JULIAN	4400 PINWOOD RL	Melbourne, FL 32934		
ST	ARISTEA LUCIDO	1660 SW 6AR	BOCA FL 33486		
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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 		12/20/00		561-703-4441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (9/99)