

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J53357**

1. Corporation Name  
**THE 5000 CORP.**

**FILED**  
**96 DEC -2 PM 12:07**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**54 SW BOCA RATON BLVD.** **54 SW BOCA RATON BLVD.**  
**BOCA RATON FL 33432** **BOCA RATON FL 33432**  
**US** **US**

**REINSTATEMENT** 1996 <sup>WMB</sup> 12-2-96

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		96-0081108	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	CLEMENTS, NORMAN	54 SW BOCA RATON BLVD.	BOCA RATON FL
VPD	FAULKNER, NORMAN	54 SW BOCA RATON BLVD	BOCA RATON FL
STD	PETEPICE, WILLIAM	48 BECKWITH ROAD.	OTTAWA, ONTARIO CANADA

8. Name and Address of Current Registered Agent

**COHEN, EDWARD B.**  
**54 SW BOCA RATON BLVD**  
**BOCA RATON FL 33432**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is NOT Acceptable)	
Suite, Apt. #, Etc.	
City	State / Zip Code
	<b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED**  
**EDWARD B. COHEN**  
 REGISTERED AGENT MUST SIGN

Date 11/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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)(f), 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: SIGNATURE REQUIRED**  
**NORMAN CLEMENTS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR  
 Date Nov 496 (905) 852-6115  
 Daytime Phone #

CREC 006 (7/96)