PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709433

1. Corporation Name

WVUM, INC.

Principal Place of Business	Mailing Address
1306 STANFORD DRIVE PO BOX 248146 CORAL GABLES FL 33124-6146	1306 STANFORD DRIVE PO BOX 248146 CORAL GABLES FL 33124-6146

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 06/12/1965 SP

5. FEI Number: 59-1729614 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AUGUSTYN, CYNTHIA	8301 SW 62ND PL.	MIAMI, FL 00000 33143
D	WHITELY, PATRICIA A	~~100 EDGE WATER DR #102~~ 3780 Kent Ct	~~CORAL GABLES FL~~ Coconut Grove, FL 33133
D	DUBORD, ROBERT J.	9090 RIDLELAND DR.	MIAMI, FL 0- 33157
			600003061006--1 -12/06/99--01013--009 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

LA PAZ, LOURDES F
5915 PONCE DE LEON BLVD
STE 10
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/98)

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: Lourdes F. La Paz REQUIRED — Date: Oct 28, 1999
REGISTERED AGENT MUST SIGN

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.

SIGNATURE: REQUIRED Robert J DuBord 10/26/99 3052845940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #