PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN 24 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709433

1. Corporation Name
WVUM, INC.

600131594336
06/23/08--01052--018 **4**30.00

REINSTATEMENT 04-08

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1306 STANFORD DRIVE		1211 DICKINSON DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 110		SUITE 153	
City & State		City & State	
CORAL GABLES, FL		CORAL GABLES, FL	
Zip	Country	Zip	Country
33146	USA	33146	USA

4. Date Incorporated or Qualified To Do Business In Florida 08/12/1965

5. FEI Number 59-1729614 ☐ 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
ALAN J. FISH, REGISTERED AGENT

Street Address (P.O. Box Number is Not Acceptable)
1507 LEVANTE AVENUE

Suite, Apt. #, Etc.
327 MAX OROVITZ BUILDING

City	State	Zip Code
CORAL GABLES	FL	33146

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5/27/08
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
DIR	WHITELY, PATRICIA A.	1252 MEMORIAL DRIVE, #244	CORAL GABLES, FL 33146
DIR	DUBORD, ROBERT J.	1211 DICKINSON DRIVE #153	CORAL GABLES, FL 33146
DIR	GOLDBERG, JUDD	1320 S. DIXIE HIGHWAY, #1250	CORAL GABLES, FL 33146

6/24

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 contained in Chapter 119, 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: _____ ROBERT J. DUBORD 6/9/08 3052845940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #