

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007293715--9
-08/22/02--01082--001
****750.00 ****750.00

DOCUMENT # **P00000026265**

1. Corporation Name
W.C. of South Florida, Corp

2. Principal Office Address
16181 SW 141 Ave

3. Mailing Office Address
EMMA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip
33177 Country
US

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0990121 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
William Castellanos 100007293751--8

Street Address (P.O. Box Number is Not Acceptable)
16181 SW 141 Ave

Suite, Apt. #, Etc.

City
Miami

REINSTATEMENT
State **FL** Zip **33177**

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
William Castellanos
REGISTERED AGENT MUST SIGN

Date **07-20-02**

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
P.	William Castellanos	16181 SW 141 Ave	Miami, Fla. 33177
VP.	Maria Castellanos	16181 SW 141 Ave	Miami, FL 33177

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **William Castellanos**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07-20-02** Daytime Phone #

CR2E081 (9/01)