

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



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

02 JUN 19 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054937

1. Corporation Name

Wms-Some Financial Corporation

800005970648--3
-06/25/02--01041--019
***1200.00 ***1200.00

2. Principal Office Address

6430 Ruyon Pine Ct

Suite, Apt. #, etc.

City & State

LAHANA, FL

Zip

33462

Country

USA

3. Mailing Office Address

18041 Biscayne Blvd

Suite, Apt. #, etc.

1505

City & State

Aventura, FL

Zip

33160

Country

USA

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

65-0768360

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

Allyn Brennan

1050.00 - ADM

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

18041 Biscayne Blvd # ~~1505~~

61.25 - AR

Suite, Apt. #, Etc.

1505

88.75 - ARSUP

City

Aventura

State
FL

Zip Code

33160

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 6/16/02

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
D	<u>JASON Thomas</u>	<u>203 Lake Pointe Dr #106</u>	<u>Fr. Lauderdale, FL 33309</u>
D	<u>Charley Braynen</u>	<u>20315 NW 3 ct</u>	<u>Miami, FL 33169</u>
D	<u>NAB BRENNAN</u>	<u>17575 SW B ST</u>	<u>Pembroke Pines, FL 33029</u>
D	<u>Allyn Brennan</u>	<u>18041 Biscayne Blvd #1505</u>	<u>Aventura, FL 33160</u>

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:

Allyn L Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/02
Date

(954) 444-4124
Daytime Phone #

CR2E081 (9/01)