

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV 25 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056171

**1. Corporation Name**

WALLSTREET-REVIEW FINANCIAL SERVICES, INC.

100043005121  
11/24/04--01058--012 \*\*750.00

**2. Principal Office Address**

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

STE 22-204

City & State

WELLINGTON, FL

Zip

33414

Country

USA

**3. Mailing Office Address**

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

STE 22-204

City & State

WELLINGTON, FL

Zip

33414

Country

USA

**REINSTATEMENT** 00-04

**4. Date Incorporated or Qualified**

To Do Business in Florida 06/18/1999

**5. FEI Number**

650929456

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

Matthew P. Dwyer

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

11924 FOREST HILL BLVD

Suite, Apt. #, Etc.

STE 22-204

City

WELLINGTON

State

FL

Zip Code

33414

**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

REGISTERED AGENT MUST SIGN

Date 11/23/04

**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
PST	Matthew P. Dwyer	11924 Forest Hill Blvd, Ste 22-204	Wellington, FL 33414

**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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (01/04)

**WALLSTREET-REVIEW FINANCIAL SERVICES, INC.**

11924 Forest Hill Blvd  
Suite 22-204  
Wellington, FL 33414

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

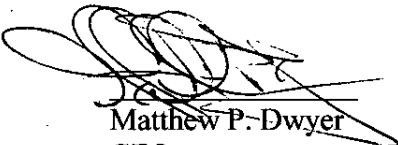
November 23, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of P99000056171

I did not receive any of the annual renewal notices from the state so I requesting that all late fees should be waived and the corporation reinstated. I have enclosed a check for the amount of \$750.

Thank you in advance for your assistance.



Matthew P. Dwyer  
CEO