

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 25 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000056171

1. Corporation Name

WALLSTREET-REVIEW FINANCIAL SERVICES, INC.

2. Principal Office Address

11924 FOREST HILL BLVD

3. Mailing Office Address

11924 FOREST HILL BLVD

Suite, Apt. #, etc.

STE 22-204

Suite, Apt. #, etc.

STE 22-204

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

REINSTATEMENT 00-04

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

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 11/23/04

562.08-8101
Daytime Phone #

CR2E081 (01/04)

WALLSTREET-REVIEW FINANCIAL SERVICES, INC.

11924 Forest Hill Blvd
Suite22-204
Wellington, FL 33414

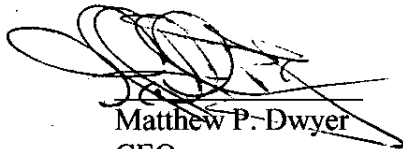
November 23, 2004

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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