

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -6 PM 2: 06

DOCUMENT # P99000016333

1. Corporation Name

WR Financial Group, Inc

2. Principal Office Address - No P.O. Box #

500 NW 165 Street Road

3. Mailing Office Address

(same as principal address)

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33169

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1999

5. FEI Number
650899505

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06-09KS

7. Name and Address of Current Registered Agent

Name
Ronald Thompkins

Street Address (P.O. Box Number is Not Acceptable)
500 NW 165th Street Road

Suite, Apt. #, Etc.
205

City
Miami

State
FL

Zip Code
33169

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 03/06/09

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	Ronald Thompkins	500 NW 165th Street Road	Miami, Florida 33169
			200145147882 03/06/09--01027--027 **1208.75

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:

Ronald Thompkins

03/06/09

305-947-1638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #