

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 761063

1. Corporation Name

WYNWOOD COMMUNITY ECONOMIC DEVELOPMENT
CORPORATION, INC.

2. Principal Office Address

2235 NW 5 AVE

Suite, Apt. #, etc.

100

City & State

MIAMI FL

Zip

33127

Country

US

3. Mailing Office Address

8001 SW 97 TERR.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33156

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12-30-1981

5. FEI-Number

59-2152061

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

MR. John Little

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

3000 BISCAYNE Blvd.

Suite, Apt. #, Etc.

500

City

MIAMI

State

FL

Zip Code

33137

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

John M. Little
REGISTERED AGENT MUST SIGN

Date

9-1-00

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	William Rios	2235 NW 5 AVE.	MIAMI, FL 33127
D	NILSA VELAZQUEZ	3630 NG 1 CT.	MIAMI FL 33137
D	GAMALIEL RIVERA	3601 FEDERAL HWY	MIAMI FL 33137

KE

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 Rios
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 31, 2000

Date

305 274 0992
Daytime Phone #