

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~  
~~REINSTATEMENT~~



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

FILED

01 APR -5 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F73360

1. Corporation Name

Mr. Waffle, Inc.

2. Principal Office Address

8767 SE Bridge Rd.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

USA

3. Mailing Office Address

8616 SE May Terr.

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33455

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/24/82

5. FEI Number

59-2187397

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

Gerrold Velinsky

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

8616 SE May Terrace

Suite, Apt. #, Etc.

City

Hobe Sound,

State

FL

Zip Code

33455

900004014039-5

-04/17/01-01099-009

\*\*\*\*300.00 \*\*\*\*300.00

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 4/2/01

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/ Pres.	Gerrold Velinsky	8616 SE May Terrace	Hobe Sound, FL 33455
			SP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 546-4407

Date

4/2/01

Daytime Phone #

CR2E081 (9/00)

***Mr. Waffle, Inc.***  
**8767 SE Bridge Road**  
**Hobe Sound, Florida 33455**  
**(561) 546-6733**

April 2, 2001

Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement  
59-2187397

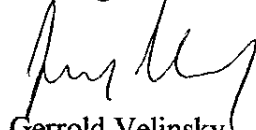
Dear Sir:

We did not receive the 2000 Uniform Business Report and, as such, failed to file last year's report. We realize the mistake when we called your office to inquire why we had not received the form for this current year, 2001. That's when we were notified that our Corporation status had lapsed.

Enclosed, please find the Corporation Reinstatement form together with our check in the amount of \$300. We would appreciate if the late fee could be waived, however, should that not be possible, please let us know the amount of the late fee and we will remit our check immediately.

Thank you for your cooperation.

Best regards,



Gerrold Velinsky  
President

Enclosures