

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602033

1. Corporation Name Wenper Distributors Inc

Principal Place of Business Mailing Address

8792 SW 8th Street
Miami FL, 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8792 SW 8th ST

Suite, Apt. #, etc.

City & State MIAMI FL

Zip 33174 Country U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

FILED

98 JUL 28 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98
7/28/97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Mendoza, Guido	8778 SW 8th ST	Miami FL 33174
DVP	Perez, Alberto	5570 SW 2nd ST	Miami FL 33134
ST	Perez, Ramona	5570 SW 2nd ST	Miami FL 33134

200002604672--0
-07/31/98--01100--014
***908.75 ***908.75

8. Name and Address of Current Registered Agent

Guido Mendoza
8778 SW 8th ST
Miami, FL 33174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Guido Mendoza Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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] Date (305) 551 7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #