| FORM   | FLORI                                  | ALL INSTRUCTIONS<br>FLORIDA DEPARTME<br>Sandra B. Mo<br>Secretary of |  |   | ATU<br>F 13 ED   |  |
|--|--|--|--|---|--|--|
|  |  |  | ORATIONS                                       | 1977 UOV 14 11 11 11 17                   |  |  |
| DOCUMENT #H35307   |  |  |  |   |  |  |
| 1. Corporation Name<br>- WOW Of Miami, Inc.<br>- 19908 NW 67 Circle Ct.  |  |  |  | SECTLARY OF STATE<br>TALLARASSEE, ILORIAN |  |  |
|  |  |  |  |   |  |  |
| Principal Place of Business Mailing Address  |  |  |  |   |  |  |
| 19908 NW 67 Circle Ct. P.O. Box 4191<br>Miami, FL 33015 Hialeah, FL 33014  |  |  |  |   |  |  |
| If above addresses are incorrect in any way, time :  | through incorrect                      | information and enter  | r correction below                             |   |  |  |
| If above addresses are incorrect in any way, line through incorrect information and ente<br>. New Principal Office Address, If Applicable 3. New Mailing Office Address, If  |  |  | f Applicable                                   | 4. Date Incor                             | porated or Qualified   |  |
| Suite, Apt. #, elc.  | Suite, Apt. #, etc.                    |  |  | To Do Business in Florida                 |  | -26-84   |
| City & State   |  |  |  | 5. FEI Numb                               |  | Applied For  |
|  | City & State                           |  |  | <u>59-25</u>                              |  | Not Applicable   |
| Zip  | Zip                                    | Count  | ry   |   | TE OF STATUS DESIRED 🗙 SB.                                       | 75 Additional Fee required<br>or a Certificate of Status |
| 7. Names and Street Addresses of Each Officer an   | nd/or Director (Fl                     | orida nonprofit corpor   | ations must list at lea                        | st 3 directors)                           |  |  |
| Title(s) Name of Officers<br>and/or Directors  |  | 0  | reet Address of Each<br>flicer and/or Director |   | City / St  | ate / Zip  |
| 1 2  |  | 3 (Do NOT U  | Ise Post Office Box N                          | lumbers)                                  | 4  |  |
| P/D Alejandro Alame  | da                                     | 19908 NV   | V 67 Circ1                                     | le Ct.                                    | Miami, FL  | 33015  |
|  | ······                                 |  |  | 4   |  |  |
|  |  |  |  | J.  | 00002350   | 01071-002  |
| •  |  |  |  |   | ***1575.00   | ***1575.00   |
|  |  |  |  |   |  |  |
|  |  |  |  |   |  | 9748914/27   |
|  |  |  | <b></b>  | REINS                                     | TATEMENT   | 111  |
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|  |  |  |  |   | -11/18/97(<br>******8,75   | ******8,75   |
| B. Name and Address of Curren  | t Registered Age                       | ont  |  | 9. Name and                               | Address of New Registered A                                      |  |
| Name Name  |  |  | Name   |   |  | 2/969  |
| Mayra Alameda  |  |  | Street Address (P.                             | O. Box Number                             | is Not Acceptable)   | 45690 (4566)<br>455070                                   |
| 19908 NW 67 Circle Ct.<br>Miami, FL 33015  |  |  | Suite, Apl. #, Elc.                            |   |  |  |
|  |  |  | City   | · · · · · · · · · · · · · · · · · · ·     | Stote  | Zip Code   |
|  |  |  |  |   | Fi   | Zip Code   |
| 0. I, being appointed the registered agent of the ab   | 2                                      | _  |  | ligations of Sect                         | ion 607.0505, F.S.   |  |
| ignature of Agent R  | ······································ |  |  | <br>•                                     | Date Nov. 11   | , 1997   |
| <ol> <li>Does this corporation pay<br/>Dept. of Revenue under S.</li> </ol>  | any intang<br>. 199.032,               | ible tax to th<br>Florida State                                      | e<br>utes. Yes 🛛                               | x No                                      | (See other side<br>on intang                                     |  |
|  | eiver or trustee en                    | Allmington the corno   | reto nomo coticlios (k                         | o requiremente                            |  |  |
| <ol> <li>I certify that I am an officer or director or the rece<br/>this reinstatement application, the reason for diss<br/>owed by the corporation have been paid and the<br/>on this application is true and accurate, and my s</li> </ol> | names or individ                       | JAIS IISTAD ON INS IOM   | 1) An ant avaliby for a                        | o ovomotion une                           | der section 119.07(3)(i), F.S. Tr                                | e information indicated                                  |
| owed by the corporation have been paid and the   | names or individ                       | vais listed on this forr<br>/e the same legal effe                   | 1) An ant avaliby for a                        | n exemption und<br>bath.                  | der section 119.07(3)(i), F.S. Tr                                | Nov.11, 19   |