

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1998 APR -7 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20694

1. Corporation Name

WILBENKA, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

9000 SW 122 PL

Suite, Apt. #, etc.

#310

City & State
MIAMI, FL

Zip
33186

Country
U.S.

3. New Mailing Office Address, If Applicable

9000 SW 122 PL

Suite, Apt. #, etc.

#310

City & State
MIAMI, FL

Zip
33186

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

4-23-86

5. FEI Number

59-2722502

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	MARELU ALVAREZ	9000 SW 122 PL #310	MIAMI, FL 33186

500002483125-2
-04/08/98--01106--003
***1058.75 ***1058.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

R. GLENN. ESSIG
9350 SW 92 AVE.
MIAMI, FL. 33176

Name

MARELU ALVAREZ

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

9000 SW 122 PL.

Suite, Apt. #, Etc.

#310

City

MIAMI

State

FL

Zip Code

33186

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

Marelu Alvarez

REGISTERED AGENT MUST SIGN

Date

4/1/98

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:

Marelu Alvarez

MARELU ALVAREZ 4/1/98

Date

Daytime Phone #

(305) 5957383

CH25040 (1-98)