

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 # **159437**

1. Corporation Name

WALLSTREET MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**255 ALHAMBRA CIRCLE, STE. 380
CORAL GABLES, FLORIDA 33134**

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

N/A

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **96-97**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

1/19/89

5. FEI Number

65-0136531

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	Armando Fernandez	c/o Felix J. Martin, Esq. 255 Alhambra Circle, Ste. 380	Coral Gables, FL 33134
VT	Felix J. Martin, Esq.	255 Alhambra Circle, Ste. 380	Coral Gables, FL 33134

938882178169-6
-05/14/97--01062--012
******915.00 ****915.00**

8. Name and Address of Current Registered Agent

**Manuel M. Arvesu, P.A.
2000 South Dixie Highway, Ste. 200
Miami, Florida 33133**

9. Name and Address of New Registered Agent

Name
Felix J. Martin, Esq.
Street Address (P.O. Box Number is Not Acceptable)
255 Alhambra Circle
Suite, Apt. #, Etc.
380
City
Coral Gables State **FL** Zip Code **33134**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/5/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97
Date

Daytime Phone #

805-448-8048

CR2E040 (12/95)