

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



2001  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

192  
FILED

01 NOV -5 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06476

1. Corporation Name

WAMCO INC.

Principal Place of Business

Mailing Address

C/O ISAIAS MOLANO  
800 NW 72ND ST.  
MIAMI FL 33150

C/O ISAIAS MOLANO  
800 NW 72ND ST.  
MIAMI FL 33150

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 Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0135686

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDS	ZAMBRANO, MONICA L	800 NW 72ND ST.	MIAMI FL 33150
			600004698066--4 11/29/01 01042-002 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAMBRANO, MONICA L  
800 NW 72ND STREET  
MIAMI FL 33150

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Monica Zambrano  
REGISTERED AGENT MUST SIGN

Date 10-30-01

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01

Date

Daytime Phone #

CR2E040 (8/01)

WANCO INC.  
800 N.W. 72<sup>ND</sup> ST.  
MIAMI, FL 33150

202

10/30/01

TO: FL. Dept. OF State

I AM writing because I called when I RECEIVED this application for reinstatement. I told the person who ANSWER the phone that why \$750.00 for the corporation and she said because I did PAID it on time. I told her that I did not received ANY form to pay it and that I do not have that money to pay it. She told me to put it in writing and send \$150.00 which is the cost of renewing the corporation.

Sincerely

Bonnie Beltrami