

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**



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

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/02/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0135686	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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* **SIGNATURE REQUIRED** Date 10-30-01  
 REGISTERED AGENT MUST SIGN

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: *Monica Zambrano* **SIGNATURE REQUIRED** Date 10-30-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)

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

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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 Helton