

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L214947

1 Corporation Name

WESPED, INC.

Principal Place of Business

190 CASABURINA CONCOURSE  
CORAL GABLES, FL 33143

Mailing Address

C/O BDPB  
ONE S.E. THIRD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

10-11-89

5. FEI Number

65-0360793

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)

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
P, D	LARS DAVIDSSON	190 CASABURINA CONCOURSE	CORAL GABLES, FL 33143
V	BRANT, BARRY	ONE S.E. THIRD AVE. 15TH FLOOR	MIAMI, FL 33131

100002022711--1  
-12/06/96--01096--003  
\*\*\*\*375.00 \*\*\*\*375.00

JB12-4-96

8. Name and Address of Current Registered Agent

COSBY, F. PEN  
100 ALMERIA AVENUE, SUITE 360  
MIAMI, FL 33134

9. Name and Address of New Registered Agent

Name  
BARRY M. BRANT  
Street Address (P.O. Box Number is Not Acceptable)  
ONE S.E. THIRD AVENUE  
Suite, Apt. #, Etc.  
15TH FLOOR  
City  
MIAMI,  
State  
FL  
Zip Code  
33131

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

*Barry Brant*

REGISTERED AGENT MUST SIGN

Date

12/11/96

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barry Brant*

11/27/96

Date

(305) 667-0494

Daytime Phone #

CR2040 (12/95)