

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 19 AM 9:30

**DOCUMENT #** L79608

**1. Corporation Name**

W. SABALA INCORPORATED  
1130 11 St. # 3E  
MIAMI BEACH, FL 33139

W01-27118

**2. Principal Office Address**

1130 11 STREET #3E

Suite, Apt. #, etc.

**City & State**

MIAMI BEACH, FL

**Zip**

33139

**Country**

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/18/90

**5. FEI Number**

65-0204557

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

WILMA SABALA

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

1130 11 STREET

**Suite, Apt. #, Etc.**

3E

**City**

MIAMI BEACH

State  
**FL**

Zip Code  
33139

600004745258-4  
-12731701-01071-014  
\*\*\*1050.00 \*\*\*1050.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Wilma Sabala*

REGISTERED AGENT MUST SIGN

Date

12/14/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	WILMA SABALA	1130 11 STREET #3E	MIAMI BEACH, FL 33139

**10. 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)(f), 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:**

*Wilma Sabala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/01

Daytime Phone #

305-672-0445