

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 13 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M27990**

1. Corporation Name

WAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**8751 S.W. 56th Street
Miami, Florida 33165**

Same

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

02/27/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2655426

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
D	Wilfredo Sanchez	8751 S.W. 56th Street	Miami, Florida 33165

000002215850--5
-06/18/97--01068--019
****365.00 ****365.00

1168
6/16/97

8. Name and Address of Current Registered Agent

**Manuel Diner, Esq.
141 N.E. 3rd Avenue, Suite 601
Miami, Florida 33132**

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/97 305595084

CP20040 (12/96)

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Law Offices
Manuel Diner, P. A.

June 11, 1997

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

BAYSIDE OFFICE CENTER
141 NORTHEAST 3RD AVENUE
SUITE 601
Miami, Florida 33132
TELEPHONE (305) 358-7880
FAX (305) 358-7191

Attn: Mr. Spratber/Reinstatement

Re: Wan Enterprises, Inc.
Application for Reinstatement

Dear Mr. Spratber:

In accordance with your instructions regarding the above corporation we enclosed executed Application for Reinstatement and our client's check in the sum of \$365.00 representing the reinstatement fee.

We remind you that the Annual Report for 1996 was erroneously sent by The Department of State to 48 East Flagler Street, Miami, Florida instead of the correct address which you had on file. As a result The Annual Report for 1996 was never received.

Thank you for your assistance in reinstating this corporation.

Very truly yours,

MANUEL DINER, P.A.



Manuel Diner
MD/cef

Encl.

c.sanchez.reinstatement