

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # P00000062986

1. Corporation Name

Wywes, Inc

2. Principal Office Address

5071 Sheridan St.

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

5400 Volunteer Rd

Suite, Apt. #, etc.

City & State

SW Ranches, FL

Zip

33330

Country

USA

REINSTATEMENT 03-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/00

5. FEI Number

65-1023642

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

ALTHERA WALKER

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

5400 Volunteer Rd.

Suite, Apt. #, Etc.

City

SW Ranches, FL

State

FL

Zip Code

33330

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

Althea Walker

Date

7/13/04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------|
| ATS | ALTHERA WALKER | 5400 Volunteer Rd | SW Ranches, FL 33330 |
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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)(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:

Althea Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(994) 434-3732

ALTHERA WALKER, Pres

CR2E081 (01/04)