

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

172

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 23 - PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PO0000081762**  
1. Corporation Name  
**WAYSIDE DEVELOPMENT  
CORPORATION**

2. Principal Office Address  
**12721 SW 99 AVE.**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip  
**33176**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **8/24/2000**

5. FEI Number **65-1048885**

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 **GUILLERMO DE CUN** **900005763443--6**  
Street Address (P.O. Box Number is Not Acceptable) **12721 SW 99 AVE** **-06/12/02--01065--002**  
Suite, Apt. #, Etc. **\*\*\*300.00 \*\*\*300.00**  
City **MIAMI** State **FL** Zip Code **33176**

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

REGISTERED AGENT MUST SIGN

Date **5/20/02**

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
<b>PND</b>	<b>GUILLERMO DE CUN</b>	<b>12721 SW 99 AVE.</b>	<b>MIAMI, FL 33176</b>
		<b>201.25-AR</b>	
		<b>10.00-ARAPTS</b>	
		<b>88.75-ARSUPP</b>	

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: **G. DE CUN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/20/02** **305 234 8875**  
Date Daytime Phone #

CR2001 (9/01)

## Wayside Development Corporation

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May 20, 2002

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

Dear Sir or Madam:

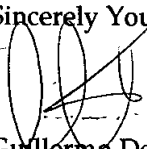
RE: Document # P00000081762

Please accept this letter as our request for a waiver of the reinstatement penalty fee of \$600.00. We moved our offices and therefore never received the 2001 or 2002 Uniform Business Report forms. On a telephone conversation today, an examiner from your office verified the non-delivery of the forms mailed to us.

We are enclosing with this letter a completed "Corporation Reinstatement" form as well as our check #0182 in the amount of \$300.00 to pay for the Corporate Business Report fee for years 2001 and 2002.

Please feel free to contact me if further information is required for granting the requested waiver.

Sincerely Yours,

  
Guillermo De Cuna  
President