

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 9 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 10000093781

1. Corporation Name

WENROS ENTERPRISE, INC.

2. Principal Office Address - No P.O. Box #

500 SW 62ND AVE

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33068

Country

USA

3. Mailing Office Address

500 SW 62ND AVE

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33068

Country

USA

300114555749
01/09/08--01029--023 **908.75

REINSTATEMENT
CR2E081 (12/07)

03-08

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

10-04-2000

5. FEI Number

651046782

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

SHIANTE BONNICK

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

3972 NW 62ND CT

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Shiante Bonnick

Date 1-04-08.

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
PRES	SHIANTE BONNICK	3972 NW 62 ND CT	COCONUT CREEK FL 33073
VP	OWEN BURKE	500 SW 62 ND AVE	MARGATE FL 33068
SECRETARY	ROSLYN BURKE	500 SW 62 ND AVE	MARGATE FL 33068
TREASURER	APRIL BURKE	500 SW 62 ND AVE	MARGATE FL 33068

REINSTATEMENT
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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 contained in Chapter 119, 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:

Shiante Bonnick SHIANTE BONNICK 1-04-08. 954-553-4543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #