


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000110315**

1. Corporation Name

WYCE CONSULTING GROUP, INC.

Principal Place of Business

**2220 SW 139 AVE.
MIAMI FL 33175**

Mailing Address

**2220 SW 139 AVE.
MIAMI FL 33175**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2000

5. FEI Number

65-1056056

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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	4 City / State / Zip
PD	NARANJO, VEYSSEL	8966 COLLINS AVE., #204	MIAMI BEACH FL 33154
V	CABALLERO, EDUARDO	2220 SW 139 AVE.	MIAMI FL 33175

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*****150.00 ***150.00**

Handwritten signature

8. Name and Address of Current Registered Agent

**CABALLERO, EDUARDO
2220 SW 139 AVE.
MIAMI FL 33175**

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

Handwritten signature
REGISTERED AGENT MUST SIGN

Date **10/14/01**

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/01 (877) 900-3243
Date Daytime Phone #



October 14, 2001
Miami, FL

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

~~To Whom It May Concern:~~

It has been brought to our attention that our corporation Wyce Consulting Group, Inc., EIN: 65-1056056, is in the process of being dissolved, as we have failed to file the annual report. I would like to use the present means to explain that as a newly created corporation (November 24, 2000), we were unaware of the need to file the annual report by May 15th of the current business year. Furthermore, we never received the original Uniform Business Report (UBR), or any other communications with regards to this matter.

By the present letter we ask the Department of State of the State of Florida to review our case and accept our late filing of the annual report. In light of the current economic status of our company, it would put a grueling burden on its finances to have to initiate a re-instating process for our corporation, due to an administrative oversight on our part.

We beg the Department of State to accept our deepest and most sincere apologies with regards to this confusion. Enclosed is our filing of the annual report, and the pertinent fee associated with the process.

We would sincerely appreciate a written response to our letter with a decision in regards to our case.

Sincerely,

Eduardo Caballero
Registered Agent
Wyce Consulting Group, Inc.

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