


2,003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 NOV 23 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000023651  
1. Corporation Name  
**WILLINTON CORP.**

2. Principal Office Address <b>85 GRAND CANAL DR.</b>		3. Mailing Office Address <b>85 GRAND CANAL DR.</b>	
Suite, Apt. #, etc. <b>106</b>		Suite, Apt. #, etc. <b>106</b>	
City & State <b>MIAMI, FLA.</b>		City & State <b>MIAMI, FLA.</b>	
Zip <b>33144</b>	Country <b>U.S.A.</b>	Zip <b>33144</b>	Country <b>USA</b>

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida **03/06/01**

5. FEI Number **65-1106552**  
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 **JOSE S. VILLALBA**

Street Address (P.O. Box Number is Not Acceptable)  
**85 GRAND CANAL DR.**

Suite, Apt. #, Etc. **106**

City **MIAMI** State **FL** Zip Code **33144**

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 **X José S. Villalba** Date **11-18-04**

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
P/D.	JOSE S. VILLALBA	85 GRAND CANAL DR #106	MIAMI, FL. 33144
T/D.	VERA J. REDONDO	85 GRAND CANAL DR #106	MIAMI, FL. 33144

400042954794  
11/23/04--01022--017 \*\*158.75

400042954794  
11/23/04--01022--018 \*\*150.00

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: **X José S. Villalba** Date **11-18-04** (305) 267-1024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2003

November 18, 2004

Department of State  
Division of Corporation.  
P.O.BOX 6327  
Tallahassee, Fl. 32314

**SUBJECT 2,003 & 2,004 ANNUAL REPORT**

**Document # P01000023651**

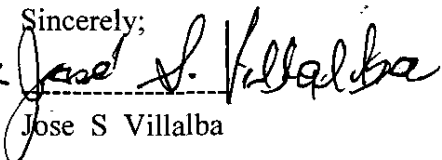
We would like to inform the Department of Corporation that we have not received in time the green page to update our corporation for the years 2,003 and 2,004. The new address is 85 Grand Canal Dr. # 106 Miami, Fl. 33144

We are requesting any waiver of penalties or interests and your deep understanding. Our Accountant question us about it and advise to explain as soon as posible the missing documents (2,003 & 2,004 Annual Report) .

We are including the 2,003 and 2,004 Annual Reports .(Florida Internet Web Page) provided by our Accountant, and the corresponding fees.(Annual Report 2003 \$ 150.00 and Annual Report 2,004 \$ 158.75)

We need your support and understanding. Thanks

Sincerely;

x   
Jose S Villalba