

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000025481

1. Corporation Name

WBW (MIAMI) INC.

Principal Place of Business

Mailing Address

~~9953 COSTA DEL SOL BLVD~~
~~MIAMI FL 33178~~

~~9953 COSTA DEL SOL BLVD~~
~~MIAMI FL 33178~~

7225 NW 25 ST, STE 305
 MIAMI, FL 33122

9937 NW 29 TERR.
 MIAMI, FL 33172

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

2. New Principal Office Address, if Applicable
 7225 NW 25 ST

3. New Mailing Office Address, if Applicable
 9937 NW 29 TERR

Suite, Apt. #, etc.
 305

Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33122

Country
 USA

Zip
 33172

Country
 USA

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

03/07/2001

5. FEI Number

65-1089413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	AZAR, OSCAR	9953 COSTA DEL SOL BLVD	MIAMI FL 33178
PD	RUBEN ALVAREZ	VIA TRANSISTMICA, EDF. WBW	PAUAMA, REP. OF PAUAMA

600008792586
 11/04/02--01110--013 **750.00

8. Name and Address of Current Registered Agent

AZAR, OSCAR
 9953 COSTA DEL SOL BLVD
 MIAMI FL 33178

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. or 617.0505, F.S.

SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/18/2002

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/28/2002 (507) 260-9872
 Daytime Phone #

CR2E040 (8/02)