

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO000049929

**1. Corporation Name**

WALE S HOLDING CORPORATION

**2. Principal Office Address**

1100 N.E. 163<sup>RD</sup> ST

Suite, Apt. #, etc.

401

City & State

MIAMI, FL

Zip

33162

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

5/18/01

**5. FEI Number**

65-1105061

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

T. Roberts NOV 14 2005  
CR2E081 (8/05)

FILED  
05 NOV 10 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

**7. Name and Address of Current Registered Agent**

Name

SHELDON GITTLESON

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

1100 N.E. 163 ST

Suite, Apt. #, Etc.

401

City

MIAMI, FL 33162

State

FL

Zip Code

**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

Sheldon Gittleson

Date

11/7/05

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.	RANDAL GINDI	1100 N.E. 163 ST. #401	MIAMI, FL 33162

2000061341297  
11/10/05--01034--009 \*\*1050.00

**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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/05

Date

Daytime Phone #