

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p01000050382

1. Corporation Name

WISO CORP

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

18130 NW 16 street

Suite, Apt. #, etc.

3. Mailing Office Address

18130 NW 16 Street

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl

City & State

Pembroke Pines, Fl.

Zip

33029

Country

US

Zip

33029

Country

US

7. Name and Address of Current Registered Agent

Name

Ignacio gorbea

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

18130 NW 16 Street

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Ignacio Gorbea
REGISTERED AGENT MUST SIGN

Date 12/09/2009

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	Ignacio Gorbea	18130 NW 16 street	Pembroke Pines, fl 33029

300163541333
12/11/09- 01040- 009 **450.00

10. E-mail Address: nachogorbea@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Ignacio Gorbea

President

12/09/2009 954-483-9479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/09