

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000076392

1. Corporation Name

W I M. INC.

2. Principal Office Address

3. Mailing Office Address

2950 Central Ave

2950 Central Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Pete, FL

St. Pete, FL

Zip

Country

Zip

Country

33712

Pinellas

33712

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

8/3/01

5. FEI Number

59-3734195

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

Abed ALQUTUB

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

2950 Central Ave.

Suite, Apt. #, Etc.

City

St. Pete

State

FL

Zip Code

33712

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

REGISTERED AGENT MUST SIGN

Date 2/20/03

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
President Director	Abed ALQUTUB	2950 Central Ave	St. Pete, FL 33712

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03

Date

727-709-3693

Daytime Phone #

CR2E081 (10/02)