

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *001000106642*

1. Corporation Name

*WYW ENTERPRISES INC.
2775 GLEN MAWR RD
JACKSONVILLE, FL 32207*

2. Principal Office Address

SAME AS ABOVE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

*JACKSONVILLE
FLORIDA*

Zip

32207

Country

Zip

32207

Country

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

11/05/2001

5. FEI Number

59-3754516

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

SOUAD Y. WADDELL

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

2775 GLEN MAWR RD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

700019100517

*05/16/03 01013 007 ***00.00*

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

Date

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
<i>P.</i>	<i>SOUAD Y. WADDELL</i>	<i>2775 GLEN MAWR RD</i>	<i>JACKSONVILLE, FL - ZIP - 32207</i>

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:

Souad younes waddell, Souad younes waddell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

551-0541

- 5-13-03 (904) 551-0541
waddell

CR2E081 (10/02)

MILTON JOHNS & ASSOCIATES, EA
FIRST COAST TAX AND ACCOUNTING

zalz

ACCOUNTING & TAX SERVICE
5640-1 TIMUQUANA RD
JACKSONVILLE, FL 32210
Telephone 771-1040

904-771-1040¹
FAX 904-573-6772

May 12, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: WYW Enterprises
P01000106642

To Whom It May Concern:

Please accept this check in the amount of \$300.00 for the renewal of the 2002 State Corporation of the aforementioned. Due to a major fire at her premises located at 8636 Beach Blvd., Jacksonville, Florida 32216, the renewal was not paid on time.

We are asking for leniency so she does not have to pay the fines.

If you should need any further information, please feel free to contact me. A Police Report will be provided upon request.

Respectfully,


ANGELO PETRUCCELLI

¹ ENROLLED TO REPRESENT TAXPAYERS BEFORE THE INTERNAL REVENUE SERVICE