

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035656

1. Corporation Name

WKL II AND Associates, Inc.

2. Principal Office Address

19780 NW 27th Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33055

Country

oade

3. Mailing Office Address

130 NE 40th Street

Suite, Apt. #, etc.

Suite #9

City & State

MIAMI FL

Zip

33137

Country

oade

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

April 2, 2002

5. FEI Number

01-0646363

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

William C Robinson, Esquire

700024998987

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

28 West Flagler street

11/24/03--01129--006 **158.15

Suite, Apt. #, Etc.

Suite 220 - Courthouse Plaza

City

Miami

State

FL

Zip Code

33130

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

William C Robinson

Date 11-20-03

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
P	Dr. Willie C Robinson Sr	3900 Estepona Avenue	MIAMI FL 33178
O	Roscoe Warren	436 NW 18 th Street # D-4	Homestead FL 33030-3163
D	Robinson Kevin M	311 Washington Ave	Brookland NY 11025
D	Ellsworth, Lewis Robinson	915 NW 1st Avenue	MIAMI FL 33136
D	William Christopher Robinson	147 NE 158 th Street	MIAMI FL 33162

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:

Willie C Robinson

11/24/2003

Date

(305) 576-2866

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WKL II & ASSOCIATE, INC.

130 NE 40th STREET, SUITE#9 MIAMI, FL 33137
PHONE: (305) 576-2866
FAX: (305) 438-0448

November 19, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

Dear Sir or Madam:

We are requesting a dismissal on the reinstatement fee, due to the fact that the Uniform Report never reached our office. I confirmed mailing address with one of the operators and the address given by her was not correct. Please correct your records to read the following mailing address, 130 NE 40th Street, Ste. #9 Miami, Florida 33137.

Sincerely,

A handwritten signature in black ink that reads "Willie C. Robinson". The signature is written in a cursive, flowing style.

Willie C. Robinson
President