PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 19 PM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/19/05--01044--011- **1058.75

DOCUMENT # P02-0000 409 09

1. Corporation Name

W. A. M. III, INC

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
1828 N UNIVERSITY DR	1828 N UNIVERSITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PEMBROKE PINES, FL.	PEMBROKE PINES, FL
Zip: 33024 Country: USA	Zip: 33024 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-15-2002

5. FEI Number: 65-0913919 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: WILLIAM RAYA

Street Address (P.O. Box Number is Not Acceptable): 19146 NW 19 ST.

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: William Raya — Date: 10-15-05
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
PR	WILLIAM RAYA	19146 NW 19 ST	PEMBROKE PINES, FL 33029
SEC/TR	MARTIN KNOBLE	19150 N.W 19 ST	Pembroke Pines FL 33029

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: William Raya — WILLIAM RAYA — 10-15-05 — 954-347-7890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #