

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 24 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080588

1. Corporation Name

WASTED INK, INC.

200086683502
01/30/07--01017--009 **150.00

2. Principal Office Address

2630 WEST 76 STREET

Suite, Apt. #, etc.

205

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

3. Mailing Office Address

2630 WEST 76 STREET

Suite, Apt. #, etc.

205

City & State

HIALEAH, FLORIDA

Zip

33016

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 7/24/2002

5. FEI Number

☒ 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

ALEXANDER CANALES

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

2630 WEST 76 STREET

Suite, Apt. #, Etc.

205

City

HIALEAH

State

FL

Zip Code

33016

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 10/26/2006

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/T	ALEXANDER CANALES	2630 WEST 76 ST. #205	HIALEAH, FL 33016
VP/S	SANTOS P. CANALES	2630 WEST 76 ST. #205	HIALEAH, FL 33016
			K. Eckel JAN 24 2007

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 contained in Chapter 119, 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

10/26/2006

Date

305-826-8078

Daytime Phone #

2/2

TAX MANAGEMENT SERVICES CORPORATION
7955 N.W. 12TH STREET, SUITE 400
MIAMI, FL 33126
PH: (305) 470-7504
FX: (305) 470-7508

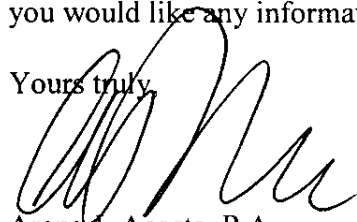
October 27, 2006

Ref: Wasted Ink, Inc.
Doc. #P02000080588

To Whom It May Concern:

We are writing this letter to inform you that the above stated corporation has never received the Annual Report since the year 2004 and that the corporation has also never received a Notice of Dissolution. The corporation has therefore been dissolved, and we would like to reinstate the corporation. We ask that you therefore please reinstate the corporation and waive the late penalties that are pending, because the notices were never received. Attached you will find a corporate reinstatement form for Wasted Ink, Inc. Along with a check for the reinstatement. If you would like any information regarding this matter, please do not hesitate to contact our office.

Yours truly,



Arena J. Acosta, P.A.
Certified Public Accountant