

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082563

1. Corporation Name

Why Not Ventures, Inc.

2. Principal Office Address

5151 Collins Ave

Suite, Apt. #, etc.

435

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.

3940

City & State

Miami, FL

Zip

33132

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/31/2002

5. FEI Number

161618776

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

Jason D. Schaffer

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

1717 N Bayshore Dr.

Suite, Apt. #, Etc.

3940

City

Miami

State

FL

Zip Code

33132

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 10/10/03

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
P	Jason D. Schaffer	1717 N. Bayshore Dr.	Miami, FL 33132

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:

JASON SCHAFFER

10/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

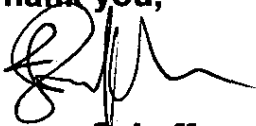
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October 10, 2003

To whom it may concern,

I am requesting a C- waiver as I did not receive an UBR for Why Not Ventures, Inc. Enclosed is a check in the amount of \$150.00.

Thank you,

A handwritten signature in black ink, appearing to read 'Jason Schaffer', with a stylized, cursive script.

Jason Schaffer

President/CEO