

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000092428

1. Corporation Name

W & A Supplies, INC.

2. Principal Office Address

13615 S. Dixie Hwy

Suite, Apt. #, etc.

114-411

City & State

Miami, FL

Zip

33176

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

8-26-02

5. FEI Number

22-3974669

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

Wendy Gutierrez

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

13615 S. Dixie Hwy

Suite, Apt. #, Etc.

114-411

City

Miami

State

FL

Zip Code

33176

300024713543

11/14/03--01075--008 **150.00

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

REGISTERED AGENT MUST SIGN

Date

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	Wendy Gutierrez	13615 S. Dixie Hwy	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

TH

CR2E081 (10/02)

HOLLANDER & ASSOCIATES

Accountants & Consultants

**11410 North Kendall Drive, Suite 207
Miami, Florida 33176
Tel (305) 275-2557
Fax (305) 275-2588**

October 7, 2003

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

Ref: W & A Supplies, Inc.

To Whom It May Concern:

This letter is in reference to the above. WE contacted the Division of Corporations last week to inform you that the above did not receive the annual report. Enclosed please find the annual report we downloaded from WWW.Sunbiz.org, along with the filing fee disclosed of \$ 150.00.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,



Mark J. Hollander