

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 21 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000000198**

1. Corporation Name

WATT WISER CORP.

2. Principal Office Address

6723 BROOKLINE DR

Suite, Apt. #, etc.

City & State

MIAMI FLA.

Zip

33015

Country

USA.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

DEC 31 2002

5. FEI Number

75-3092597

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

RICHARD CARABOTTA

800024897658

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

6723 BROOKLINE DR

11/21/03 01005 024 **158.75

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

Richard Carabotta

REGISTERED AGENT MUST SIGN

Date

11/18/03

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	RICHARD CARABOTTA	6723 BROOKLINE DR	MIAMI FLA 33015

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:

Richard Carabotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

305 824 1980

Daytime Phone #

CR2E081 (10/02)



6723 Brookline Drive
Miami, Florida 33015

Office: 305-829-1980
Fax: 305-829-5251

I NEVER RECIEVED A STATMENT PLEASE

WAIVE THE 600.00 LATE FEE

ENCLOSED IS A CK FOR 158.75

THANKS YOU IN ADVANCE

R. CARABOTTA