

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -2 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000039942

1. Corporation Name

Wyecor, Inc

000074539130
05/12/06--01067--007 **1058.75

2. Principal Office Address

13615 S Dixie Hwy

3. Mailing Office Address

13615 S Dixie Hwy

Suite, Apt. #, etc.

114-482

Suite, Apt. #, etc.

114-482

City & State

Miami

City & State

Miami

Zip

33176

Country

USA

Zip

33176

Country

USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/2003

5. FEI Number

432010743

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

Jonathan J Vosters

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

8380 SW 143 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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

[Signature]

Date 5/1/2006

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
P/D	Jonathan J Vosters	8380 SW 143 St	Miami, FL 33158
D	Deborah L Carter	8380 SW 143 St	Miami, FL 33158
D	James B Vosters, Jr	1310 NW Lakeside Trail	Stuart, FL 34994

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

Jonathan J Vosters

5/1/2006

Date

305-607-9755

Daytime Phone #

B. Mitchell MAY 9 2006