

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -2 PM 12: 23

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091454

1. Corporation Name

WI 2304 Corp.

2. Principal Office Address - No P.O. Box #

6000 WILLIAMS ISLAND

Suite, Apt. #, etc.

1405

City & State

AVENTURA

Zip

33160

Country

U.S.A.

3. Mailing Office Address

6000 WILLIAMS ISLAND

Suite, Apt. #, etc.

1405

City & State

AVENTURA

Zip

33160

Country

U.S.A.

500183901825
08/02/10-01051-016 ***1350.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2003

5. FEI Number

203174710

☐ 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

Chemaya Mizrahi

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

6000 WILLIAMS ISLAND

Suite, Apt. #, Etc.

1405

City

AVENTURA

State

FL

Zip Code

33160

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

Chemaya Mizrahi

REGISTERED AGENT MUST SIGN

Date

07/22/10

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
D	CHEMAYA MIZRAHI	6000 WILLIAMS ISLAND #1405	AVENTURA, FL 33160
D	SARA MIZRAHI	6000 WILLIAMS ISLAND #1405	AVENTURA, FL 33160

10. E-mail Address:

INFO@SENBERLAWFIRM.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Chemaya Mizrahi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/22/10

Daytime Phone #

786.2262.785