

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN -9 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 4000022269

1. Corporation Name

WISDON SERVICES INC

300131089243
06/09/08--01054--017 **608.75

REINSTATEMENT 05-08

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

2968 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Office Address

180 ISLA DORADA BLVD

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

CORAL GABLES FL

Zip

33145

Country

DADE

Zip

33143

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

2/3/2004

5. FEI Number

☒ 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

MAYDA AVILA

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

180 ISLA DORADA BLVD.

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33143

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mayda Avila

REGISTERED AGENT MUST SIGN

Date 6/3/08

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
DIRECTOR	NAYDA AVILA	180 ISLA DORADA BLVD.	CORAL GABLES FL 33143
DIRECTOR	MARIA C. DON.	1000 WEST AVE 759	MIAMI BEACH FL 33139

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:

Mayda Avila

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/3/08

Daytime Phone #

305-669-5934