

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 15 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000070360

1. Corporation Name

WENDY 1, INC.

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

4220 ATWOOD DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32828

Country

USA

3. Mailing Office Address

490 AMBOY AVENUE

Suite, Apt. #, etc.

City & State

PERTH AMBOY, NJ

Zip

08861

Country

USE

700115095887
01/15/08--01008--008 **1050.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2004

5. FEI Number

11-3719795

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

OSIRIS DE JESUS

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

490 AMBOY AVENUE

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32828

☐ 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

Osiris De Jesus

REGISTERED AGENT MUST SIGN

Date 1/8/08

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
PRES	OSIRIS DE JESUS	4220 ATWOOD DRIVE	ORLANDO, FL 32828
V-P	WENDY VALERIO	490 AMBOY AVENUE	PERTH AMBOY, NJ 08861

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:

Osiris De Jesus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/08

Daytime Phone #

732-321-1307

201/22