

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000092317

1. Corporation Name

WAR INVESTMENTS, INC.

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

2030 S. DOUGLAS RD.

Suite, Apt. #, etc.

SUITE 214

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

3. Mailing Office Address

2030 S. DOUGLAS RD.

Suite, Apt. #, etc.

SUITE 214

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/04

5. FEI Number

030559877

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

Walter Reynoso

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

2030 S. DOUGLAS RD.

Suite, Apt. #, Etc.

SUITE 214

City

CORAL GABLES

State

FL

Zip Code

33134

☒ 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

Walter Reynoso

REGISTERED AGENT MUST SIGN

Date **2/12/10**

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
P	WALTER REYNOSO	2030 Douglas Road #214	Coral Gables
		Coral Gables, FL 33134	FLA, 33134

REINSTATEMENT

RH

10. E-mail Address: **lawreynoso@aol.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:

Walter Reynoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/10

Date

(301) 441-8881

Daytime Phone #

FILED

10 FEB 15 AM 11:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

800168750828
02/15/10--01003--015 **750.00

CR2E081 (11/09)