

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 204000105922

1. Corporation Name

A WAKHIDE CORP

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

19380 COLLINS AVE

Suite, Apt. #, etc.

PH 11

City & State

SUNNY ISLES FL

Zip

33160

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/04

5. FEI Number

20-1136858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name

SMITH Rhoda G

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

19380 COLLINS AVE

Suite, Apt. #, Etc.

PH 11

City

SUNNY ISLES

State

FL

Zip Code

33160

☒ 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

Date 10/9/07

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
<u>OFF</u>	<u>ANIV WAKHIDE</u>	<u>19380 COLLINS AVE PH 11</u>	<u>SUNNY ISLES FL 33160</u>

REINSTATEMENT

RH

10-07

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:

ANIV WAKHIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/07

AW

Date

305-933-5959

Daytime Phone #