1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 22 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000117124

Corporation Name
WICKER PLUS OUTLET INC

700093743757
03/19/07--01051--013 **450.00

REINSTATEMENT 05-07 WAP
CR2E084 (12/05)

Principal Office Address	3. Mailing Office Address
12053 SW 120 St	8758 SW 8 St
le, Apt. #, etc.	Suite, Apt. #, etc.
& State: Miami FL	City & State: Miami FL
33186 Country: USA	Zip: 33174 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/11/04

5. FEI Number: 90-0191753 ☐ 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: YUMIRA I VICHOT

Street Address (P.O. Box Number is Not Acceptable): 7252 SW 138 Place

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33183

8. , being appointed this 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: [signature] Date: 1/23/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	YUMIRA I VICHOT	7252 SW 138 PL	Miami FL 33183

10. 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 its 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: [signature] 1/23/07 305-970-7391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

January 23, 2007

To Whom It May Concern:

Attached please find Application for Reinstatement of WICKER PLUS OUTLET, INC.

I never received my UBR Reports or Post Card because I moved from my home, as you can see. I am now wanting to reinstate 2005, 2006 and am already paying for 2007.

I would like for you to please consider waiving the reinstatement fee.

Cordially,

YUMIRA VICHOT, President