

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 MAR 23 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000157137

1. Entity Name  
WADADLI ENTERPRISES, INC.



Principal Place of Business  
8101 SW 12TH STREET  
N LAUDERDALE, FL 33068

Mailing Address  
8101 SW 12TH STREET  
N LAUDERDALE, FL 33068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03202006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number

20-1892957

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, WILLIAM H  
8101 SW 12TH STREET  
N LAUDERDALE, FL 33068

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME JOSEPH, WILLIAM H  
STREET ADDRESS 8101 SW 12TH STREET  
CITY-ST-ZIP N LAUDERDALE, FL 33068 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME WILLIAMS, DWAYNE K  
STREET ADDRESS 8101 SW 12TH STREET  
CITY-ST-ZIP N LAUDERDALE, FL 33068 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME WILLS, ALEX M  
STREET ADDRESS 8101 SW 12TH STREET  
CITY-ST-ZIP N LAUDERDALE, FL 33068 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

WILLIAM H. JOSEPH

3/26/06 (954) 325-0647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #