

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000144941

1. Corporation Name

WVR SERVICES INC

Services

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

22603 VISTAWOOD WAY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33428

Country

WPB

3. Mailing Office Address

22277 SW 66TH AVE

Suite, Apt. #, etc.

1901

City & State

BOCA RATON FL

Zip

33428

Country

WPB

000163365620

12/07/09--01016--014 **150.00

REINSTATEMENT

09

4. Date Incorporated or Qualified

To Do Business in Florida 11/17/2006

5. FEI Number

20-5909943

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

WELLINGTON V ROCHA

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

22603 VISTAWOOD WAY

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

☒ 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

X Wellington V Rocha
REGISTERED AGENT MUST SIGN

Date 12/2/2009

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
VPD	WELLINGTON V ROCHA	22603 VISTAWOOD WAY	BOCA RATON FL 33428
PD	BARBARO, ANTONIO	10675 EUREKA STREET	BOCA RATON FL 33428

10. E-mail Address: INFO@DOCUMENTOSGERAIS.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:

X Wellington V Rocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/2009

Date

754-3660371

Daytime Phone #