

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000030913

1. Corporation Name

WILNEXPORT DISTRIBUTORS INC.

**REINSTATEMENT 09-10**

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

8519 NW 72 ST.

3. Mailing Office Address

10100 NW 116 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14

City & State

MIAMI FL

City & State

MEDLEY, FL

Zip

Country

33166 USA

Zip

Country

33178 USA

400171740344

03/25/10--01037--024 \*\*600.00  
CRZE081 (1/109)

4. Date Incorporated or Qualified  
To Do Business in Florida

3/25/08

5. FEI Number

☒ 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

WILMER MARQUEZ

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

8519 NW 72 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

☒ 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.

400171740344

03/10/10--01025--010 \*\*300.00

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

Wilmer Marquez

Date

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
P	WILMER MARQUEZ	8519 NW 72 ST. MIAMI, FL 33166	Miami, FL 33166

203/26

10. E-mail Address: alexandracristina2001@yahoo.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:

Wilmer Marquez

3/23/10 <sup>(305)</sup> 885-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #