

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 JAN 27 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P 13372

1. Corporation Name

WILMET CORPORATION

2. Principal Office Address

398 W. CAMINO GARDENS BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#105/106

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

Zip

33432

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1987

SP

5. FEI Number

59-2756093

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

ECONOMETRICS CORPORATION

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

1555 WILBAR CIRCLE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date JANUARY 25, 2000

**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
PD	KHALIL A. ZANTOUT	398 W. CAMINO GARDENS BLVD.	BOCA RATON, FLORIDA 33432
VD	WAFIC ZANTOUT	398 W. CAMINO GARDENS BLVD.	BOCA RATON, FLORIDA 33432
SD	RAFIK ZANTOUT	398 W. CAMINO GARDENS BLVD.	BOCA RATON, FLORIDA 33432
V	MALEK ZANTOUT	398 W. CAMINO GARDENS BLVD.	BOCA RATON, FLORIDA 33432
D	MARTIN KESSLER	1555 WILBAR CIRCLE	WINTER PARK, FLORIDA 32789

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN KESSLER

JANUARY 25, 2000 407-645-3113

Date

Daytime Phone #