

P 17 0000304 98
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000030498

1. Corporation Name

FWC CORPORATION

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

595 NW 139th TER

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33168

Country

3. Mailing Office Address

595 NW 139th TER

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33168

Country

200847695032
07/06/20--01007--027 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/2017

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

REGLA M. ALVAREZ GUIRADO

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

595 NW 139th TER

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33168

2020 JUL -6 AM 10:10
RECEIVED
TALLAHASSEE
SECRETARY OF STATE

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

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
PSD	REGLA M. ALVAREZ GUIRADO	595 NW 139th TER	NORTH MIAMI BEACH, FL 33168
			Y SUICKER
			JUL 07 2020

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

REGLA M. ALVAREZ GUIRADO (PSD)

07/01/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #