

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -8 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002722**

1. Corporation Name
WAL-MAX CORPORATION

Principal Place of Business	Mailing Address
1325 N.W. 78TH AVE. SUITE 101 MIAMI FL 33126 US	1325 NW 78TH AVE MIAMI FL 33126 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/05/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0400436	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee Required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SALVADOR, MAX	1301 N.W. 78 AVE.	MIAMI FL 33126
REINSTATEMENT			700002712207--9 12/14/98 81135-008 ***750.00 ***750.00
			B 12/10/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MORA, MICHAEL J 5960 N.W. 7TH ST. MIAMI FL 33126		Name Oswaldo N. Soto, Esq.	
2151 Lejeune Rd Suite 310 Coral Gables FL 33134		Street Address (P.O. Box Number is Not Acceptable) 2151 Lejeune Rd	
		Suite, Apt. #, Etc. Suite 310	
		City Coral Gables	
		State FL	
		Zip Code 33134	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [Signature] **REQUIRED** Date: _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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] **REQUIRED** 12-2-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/98)