

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

①

98 FEB -2 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019285

1. Corporation Name

WILSON & SONS TRANSMISSION, INC.

97 AR

Principal Place of Business

5303 NW 7 ST
MIAMI FL 33126

Mailing Address

5303 NW 7 ST
MIAMI FL 33126



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

4475 NW 7 ST

4475 NW 7 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

Zip

33126

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1993

5. FEI Number

65-0398167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| 1 | 2 | 3 | 4 |
| D | HERNANDEZ, WILSON | 5303 NW 7 ST | MIAMI FL 33126 |
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A. Alar
2/2/98

400B 5500 713/979729610

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, WILSON
5303 NW 7 ST
MIAMI FL 33126

Name

Hernandez, Wilson

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

4475 NW 7 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

Wilson R. Hernandez

REGISTERED AGENT MUST SIGN

Date 12-29-97

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:

Wilson R. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-97

Daytime Phone #

CR2040 (8/97)