

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 9300045578

1. Corporation Name

Wubbas Limited, Inc.

000031346650
03/23/04--01070--002 **750.00

2. Principal Office Address

4491 W. Whitewater Ave.

3. Mailing Office Address

4491 W. Whitewater Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33332

Country

Broward

Zip

33332

Country

Broward

REINSTATEMENT

02-04

4. Date Incorporated or Qualified

To Do Business in Florida June 21, 1993

5. FEI Number

65-0419336

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

Pedro P. Delgado

Street Address (P.O. Box Number is Not Acceptable)
1320 S. Dixie Hwy.

Suite, Apt. #, Etc.
Suite 901

City

Coral Gables

State

FL

Zip Code

33146

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

3/24/4

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	Mark Camara	4491 W. Whitewater Ave.	Weston, FL 33332
V	Jennifer Camara	4491 W. Whitewater Ave.	Weston, FL 33332

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

Date

3/23/04

Daytime Phone #

954-253-2959

CR2E081 (01/04)

2082

WUBBAS, INC.
4491 W. Whitewater Ave
Weston, FL 33332

Florida Department of State
Secretary of State
Division of State
Corporation Reinstatement

March 23, 2004

To whom it may concern,

Please consider our Reinstatement Applications and fee of \$750.00 by waiving the \$650.00 Reinstatement Fee, as we never received any notice from 2000 on. The Post Office never forwarded our mail.

Thank You

Mark Camara