

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083469

1. Corporation Name

Wee Bit Used and New Corp

2. Principal Office Address

1007 N. Federal Hwy

Suite, Apt. #, etc.

D-6

City & State

Fort Lauderdale, FL

Zip

33304

Country

Broward

3. Mailing Office Address

1007 N. Federal Hwy

Suite, Apt. #, etc.

D-6

City & State

Fort Lauderdale, FL

Zip

33304

Country

Broward

REINSTATEMENT
CR2E081 (8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/1993

5. FEI Number

593248968

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

Matthew P. Dwyer

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

2075 N. Powerline Rd

Suite, Apt. #, Etc.

Suite 3

City

Pompano Beach

State

FL

Zip Code

33069

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

11/09/05

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
D/P/S/T	Matthew P. Dwyer	2075 N Powerline Rd Suite 3	Pompano Beach, FL 33069
	[Signature]		

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

11/4/05 954-323-2516

Daytime Phone #