

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

96 NOV 27 PM 12:56

DOCUMENT # **P94000006625**

1. Corporation Name

WAMM DATA SUPPLIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2734 GEARY ST.~~
~~MATLACHA FL 33308~~

~~2734 GEARY ST.~~
~~MATLACHA FL 33308~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 142 SW 49TH ST.		3. New Mailing Office Address, If Applicable 142 SW 49TH ST.		4. Date Incorporated or Qualified To Do Business in Florida 01/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0456819	
City & State CAPE CORAL, FL.		City & State CAPE CORAL, FL.		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33914	Country USA	Zip 33914	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PD	MEDINA, WANDA	5140 ST. ROSA CT. 142 SW 49TH ST.	CAPE CORAL FL 33914
VSD	MONTALVO, MIGUEL A JR	2734 GEARY ST. 142 SW 49TH ST.	MATLACHA FL 33308 CAPE CORAL, FL. 33914
TD	MONTALVO, MIGUEL A SR	2734 GEARY ST. 332 WASHINGTON AVE	MATLACHA FL 33308 NUTLEY, N.J. 07110
			500002019165--1
			-12/04/96--01042--004
			*****375.00 *****375.00
			0611-27-90

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTALVO, MIGUEL A JR 2734 GEARY ST. MATLACHA FL 33308 142 SW 49TH ST. CAPE CORAL, FL. 33914		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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

Miguel A. Montalvo Jr. **REQUIRED**

Date **10-18-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: *Miguel A. Montalvo Jr.* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96 **944-945-1266**
Date Daytime Phone #