

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 22 PM 3:58

DOCUMENT #

P94000013862

1. Corporation Name

WAY Rental Corporation

2. Principal Office Address

1855 N.W. 51 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip 33142 Country Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0479157

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

Willon Taylor

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

1855 N.W. 51 TERR

Suite, Apt. #, Etc.

200003890912

03/21/01 - 01080 - 031

***150.00 ***150.00

City

Miami

State

FL

Zip Code

33142

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

Willon Taylor

Date 12/21/00

REGISTERED AGENT MUST SIGN

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	Willon Taylor	1855 N.W. 51 TERR	Miami FL 33142
VP	YUNES PORTER	1221 N.W. 88 STR	Miami, FL 33147
S	BRAYLON POPE	1221 N.W. 88 STR	Miami FL 33147

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:

Willon Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/00

Date

Daytime Phone #

CR2E081 (9/99)

62

Attention: Tyrone Scott

DECEMBER 12, 2000

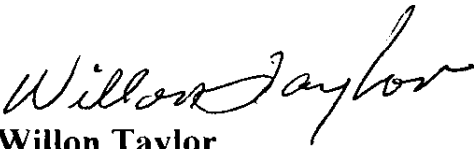
SUBJECT: WAY RENTAL CORPORATION
Ref Number: P94000013862

TO WHOM IT MAY CONCERN:

We did not receive a form or letter prior to the reinstatement form enclosed. Also I'm asking for all late fees to be waived.

Enclosed you will find a check for \$150.00 for reinstatement.

Thank You,


Willon Taylor