PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

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

99 AUG 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012415 (2)

1. Corporation Name

WP MANAGEMENT AND INVESTMENT, CORP

Principal Place of Business	Mailing Address
14748 SW 56TH ST SUITE 136 MIAMI, FL 33186	14748 SW 56 ST SUITE 136 MIAMI, FL 33185

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

REINSTATEMENT 9-99

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
1315 N.E. 140 ST	1315 N.E. 140 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33161 Country: DADE	Zip: 33161 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 8/14/95

5. FEI Number: 65-0569925 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City - State - Zip 4
PDS	PEDRON, JOSE	1315 N.E. 140 ST	MIAMI, FLORIDA 33161
			600002975146--2 -08/31/99--01069--005 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

PEDRON, JOSE
14748 SW 56 STREET
SUITE 136
MIAMI, FL 33185

9. Name and Address of New Registered Agent

Name: PEDRON JOSE
Street Address (P.O. Box Number is Not Acceptable): 1315 N.E. 140 ST
Suite, Apt. #, Etc.
City: MIAMI State: FL Zip Code: 33161

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 _____ Date 7/26/99

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 ☐ 8-24-99

See other side for information on intangible tax.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public inspection. 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, F.S. I further certify that to the best of my knowledge this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of Section 607.0401, F.S., and all fees owed by the corporation have been paid. 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: _____ 7/26/99 (305) 445-9025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #