

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

98 MAY 22 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P950000-32344*

1. Corporation Name

*No Way, Inc*

Principal Place of Business

Mailing Address

*2520 NW 112 AVE  
MIAMI, FL 33172*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*5970 WEST 20 LANE*

*MIAMI, FL*

*33016*

*DADE*

4. Date Incorporated or Qualified  
To Do Business in Florida

*04-25-1995*

5. FEI Number

*65-0600427*

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)

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
<i>P</i>	<i>JULIO FERNANDEZ</i>	<i>6580 W 27 CT #21</i>	<i>MIAMI, FL 33016</i>
<i>V-P</i>	<i>ELIO LEAL</i>	<i>5970 WEST 20 LANE</i>	<i>MIAMI, FL 33016</i>
<i>T/S</i>	<i>ROLANDO FERNANDEZ</i>	<i>6700 WEST 24 CT #13</i>	<i>MIAMI, FL 33016</i>
			<i>400002532924 - 0</i>
			<i>-05/22/98--01023--002</i>
			<i>***1050.00 ***850.00</i>

REINSTATEMENT

8. Name and Address of Current Registered Agent

*ELIO LEAL*  
*5970 WEST 20 LANE*  
*MIAMI FL 33016*

9. Name and Address of New Registered Agent

Name

*ELIO LEAL*

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

*5970 WEST 20 LANE*

Suite, Apt. #, Etc.

City

*MIAMI*

State

Zip Code

*FL*

*33016*

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *5/22/98*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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)(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]* *ELIO LEAL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/98* *305-7685325*  
Date Daytime Phone #

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Suite, Apt. #, Etc.  
City *HIALEAH* State *FL* Zip Code *33016*

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*[Signature]* *ELIO LEAL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/98 305-7685325*

Date

Daytime Phone #

CR2E040 (1/98)