

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 NOV -9 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000036859**

1. Corporation Name

**WEBISCO INTERNATIONAL ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

6565 S.W. 41 PLACE  
DAVIE FL 33314

6565 S.W. 41 PLACE  
DAVIE FL 33314

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

**REINSTATEMENT**

11/12/98  
96-98-73

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/1995

5. FEI Number

Applied For

65-0610702

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	FABIYI, MARGARET B	6565 S.W. 41 PLACE	DAVIE FL 33314
D/sec	FABIYI, TEMITOPE	6565 S.W. 41 PLACE	DAVIE FL 33314
D/tra	FABIYI, BOLUPE	6565 S.W. 41 PLACE	DAVIE FL 33314
D	FABIYI, ANIMAHUN-ER IBIDUNNI IBIDUNNI, S.	6565 S.W. 41 PLACE	DAVIE FL 33314
D	FABIYI, OLADUNJOYE	6565 S.W. 41 PLACE	DAVIE FL 33314
D	FABIYI, OLUWASEHUN AYIMAHUN	6565 S.W. 41 PLACE	DAVIE FL 33314

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWELL, CHARMAINE C ESO  
99 N.W. 183RD STREET  
MIAMI FL 33169

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ZYNE SALEGBY - SALEH, PA  
1 SE 3 AVENUE  
SUITE 2150  
MIAMI, FL 33131

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/5/98

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET FABIYI, PRESIDENT

11/5/98

Date

Daytime Phone #