

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 FEB 13 AM 8:33

DOCUMENT # P95000038900

1. Corporation Name

WE ARE - ARE YOU CORPORATION

Principal Place of Business

3624 GEORGIA AVENUE
W PALM BEACH FL 33405

Mailing Address

3624 GEORGIA AVENUE
W PALM BEACH FL 33405

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1995

5. FEI Number

65-0588461

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
PD	WALL, KATHRYN A	730 BISCAYNE DRIVE	W PALM BEACH FL 33401
TD	HAYNES, LORI	734 BISCAYNE DRIVE	W PALM BEACH FL 33401
SD	ALONSO, ALINA	730 BISCAYNE DRIVE	W PALM BEACH FL 33401
D	WALL, KATHRYN A	730 BISCAYNE DRIVE	W PALM BEACH FL 33401

REINSTATEMENT 97-98

9. Allen

8. Name and Address of Current Registered Agent

JAKABCIN, KATHRYN M
1325 SO. CONGRESS AVE.
BOYNTON BEACH FL 33426

9. Name and Address of New Registered Agent

Name

KATHRYN WALL

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

730 BISCAYNE DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

KATHRYN WALL

REGISTERED AGENT MUST SIGN

Date

12/26/97

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:

KATHRYN WALL

KATHRYN WALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/97

Daytime Phone #

561-832-9934

CFR2040 (8/97)