

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

97 JAN -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085370

1. Corporation Name

WET SPOT PERFORMANCE INC.

Principal Place of Business

6490 W. 2ND AVE.  
HIALEAH FL 33012

Mailing Address

6490 W. 2ND AVE.  
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

7700 W. 24 AVE.

Suite, Apt. #, etc.

BAY #9

City & State

HIALEAH, FLA

Zip

33016

Country

USA

3. New Mailing Office Address, If Applicable

7700 W. 24 AVE

Suite, Apt. #, etc.

BAY #9

City & State

HIALEAH FLA

Zip

33016

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/06/1995

5. FEI Number

65-0651774

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
OWNER	RUBEN J. MARTINEZ	6490 WEST 2ND AVE.	HIALEAH, FLA, 33012

REINSTATEMENT

1996  
12/97

8. Name and Address of Current Registered Agent

MARTINEZ, RUBEN J

6490 W. 2ND AVE.

HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

000002047990--3

Suite, Apt. #, Etc.

01/07/97

01076-004

\*\*\*375.00

\*\*\*375.00

City

State

Zip Code

FL

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

Ruben J. Martinez

REGISTERED AGENT MUST SIGN

Date

10/9/96

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)(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:

Ruben J. Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/96

Date

305-822-9919

Daytime Phone #

CR2040 (7/96)