

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE**  
**Patricia Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**CORPORATION REINSTATEMENT**

**P95 000097940**

DOCUMENT # **P95000097940**

1. Corporation Name

**WAAS Inc**

2. Principal Office Address

**6400 NW 77 CT**

Suite, Apt. #, etc.

3. Mailing Office Address

**8220 STATE RD 84**

Suite, Apt. #, etc.

**# 200**

City & State

**MIAMI FL**

City & State

**DAVIE FL**

Zip

**33166**

Country

**DADE**

Zip

**33324**

Country

**BROWARD**

4. Date Incorporated or Qualified To Do Business in Florida

**12/29/95**

5. FEI Number

**65-0646553**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**C ROBERT MURRAY JR**

**200003486552-3**

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

**8300 NW 53 ST**

**12/12/00 01027-014**

**\*\*\*\*900.00 \*\*\*\*900.00**

Suite, Apt. #, Etc.

**# 300**

City

**MIAMI FL**

State

**FL**

Zip Code

**33166**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*C. Robert Murray Jr*

REGISTERED AGENT MUST SIGN

Date **11-20-00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CINTHIA WAAS RUSSIAN	6400 NW 77 CT	MIAMI FL 33166

10. 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)(l), 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:

*Cynthia Waas Russian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CINTHIA WAAS RUSSIAN**

Date

Daytime Phone #

**11/17/00**

CR2E081 (9/99)