PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 16 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057999

1 Corporation Name
WALL WAY U.S.A. OF FLORIDA, INC.

Principal Place of Business / Mailing Address
~~221 W Hallandale Beach Blvd~~
Hallandale Fl 33009

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

2 New Principal Office Address, If Applicable
624 Oleander Dr.
Suite, Apt. #, etc
City & State: Hallandale Fl
Zip: 33009 Country: Broward

3 New Mailing Office Address, If Applicable
624 Oleander Dr.
Suite, Apt. #, etc
City & State: Hallandale Fl
Zip: 33009 Country: Broward

4 Date Incorporated or Qualified To Do Business in Florida: 7/10/96

5 FEI Number: 65-0682903 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $87.5 Additional Fee Required

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
Pres:dent	SCOTT DAIAGI	624 Oleander Dr Hallandale Fl 33009	Hallandale Fl 33009

000005/99--01113--013
98.75 ****500.00 ****500.00

REINSTATEMENT TS

8 Name and Address of Current Registered Agent
Scott DAIAGI
624 Oleander Dr.
Hallandale Fl 33009

9 Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City State: FL Zip Code

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: _____ Date: 9/13/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: _____ 9/13/99 954-484-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #