

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057999

1. Corporation Name

WALL WAY U.S.A. OF FLORIDA, INC.

REINSTATEMENT 02

2. Principal Office Address

624 Oleander Drive

3. Mailing Office Address

624 Oleander Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, Florida

City & State

Hallandale, Florida

Zip

33009

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-10-96

5. FEI Number

650682903

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

Scott Daiagi

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

624 Oleander Drive

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date

11/6/02

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
P	Scott Daiagi	624 Oleander Drive	Hallandale, Florida 33009

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)(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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT DAIAGI PRES.

Date

11/6/02

Daytime Phone #

954-484-5600