

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -4 PM 3:29

DOCUMENT # **PG000005825**

1. Corporation Name

WAKKANAI REALTY, INC.

2. Principal Office Address

241 SEVILLA AVENUE

Suite, Apt. #, etc.

SUITE 805

City & State

CORAL GABLES, FL

Zip

33134

Country

Miami-Dade

3. Mailing Office Address

241 SEVILLA AVENUE

Suite, Apt. #, etc.

SUITE 805

City & State

CORAL GABLES, FL

Zip

33134

Country

Miami-Dade

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/1996

SP

5. FEI Number

65-0742925

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

LUIS F. DE LA CRUZ, JR.

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

241 SEVILLA AVENUE

Suite, Apt. #, Etc.

SUITE 805

City

CORAL GABLES

State

FL

Zip Code

33134

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

Date

4/27/01

REGISTERED AGENT MUST SIGN

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	WALKYRIA BATISTA	241 SEVILLA AVENUE, STE 805	CORAL GABLES, FL 33134
SD	LUIS FIGUEROA	241 SEVILLA AVENUE, STE 805	CORAL GABLES, FL 33134

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

Date

4/11/01 (305) 442 0303

Daytime Phone #