

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000072488**

1. Corporation Name

WGA MANUFACTURING CORPORATION

Principal Place of Business

7808 NW 62 STREET
MIAMI FL 33166
US

Mailing Address

7808 NW 62 STREET
MIAMI FL 33166
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1996

5. FEI Number

65-0706290

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	URIBE, GILBERTO C	407 N.W. 128 AVE.	MIAMI FL 33182
ST	URIBE, TERESA	407 NW 128 AVE	MIAMI FL 33182

100017809301
05/01/03--01025--012 **908.75

REINSTATEMENT 02-03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUECHELE, MARK E ESQ
1250 ALTON RD.
SUITE 208
MIAMI BEACH FL 33139

Name

CARLOS A. GALICIA

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

6100 N.W. 77th COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/23/03

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03

Date

Daytime Phone #

305-682-9700

CR20040 (8/02)