

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 21 PM 2:20

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P96000088978

1. Corporation Name

WELLINGTON'S COLLECTION, INC.

2. Principal Office Address

6750 NW 77 Ave

Suite, Apt. #, etc.

207

City & State

Miami Florida

Zip

33166

Country

USA

3. Mailing Office Address

10257 NW 9 St. Circle

Suite, Apt. #, etc.

202

City & State

Miami Florida

Zip

33172

Country

USA

**REINSTATEMENT**

97-01

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1996 SF

5. FEI Number

592-25-9549

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

Wellington Garcia

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

10257 NW 9 St. Circle #202

200004432852-2

Suite, Apt. #, Etc.

202

06/20/01 01069 029

\*\*\*1350.00 \*\*\*1350.00

City

Miami

State

FL

Zip Code

33172

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

GARCIA, WELLINGTON

10257 NW 9 St. CR. #202 Miami, FL 33172 Date May 15, 2001

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
DP	GARCIA, WELLINGTON	10257 NW 9 St. Cir #202	Miami, FL 33172
D	MISAELE A. SANCHEZ	650 NW 86 Place #202	Miami, FL 33126
T	SANCHEZ, Heberto	8841 West Flagler St. 203	Miami, FL 33172

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:

Wellington Garcia  
WELLINGTON GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8:30 AM till 4:30 PM  
305 229 9339

CR2E081 (9/00)