

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -2 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 896000091240

1. Corporation Name

Wreath USA, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

80 SW 8 Street

Suite, Apt. #, etc.

2000

City & State

MIAMI FL

Zip

33130

Country

USA

3. Mailing Office Address

80 SW 8 Street

Suite, Apt. #, etc.

2000

City & State

MIAMI FL

Zip

33130

Country

USA

800022290058

08/13/03--01064--009 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-96

5. FEI Number

65-0707136

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

Oswaldo R. Morales

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

1500 BAY ROAD # 1514

Suite, Apt. #, Etc.

1514

City

MIAMI BEACH

State

FL

Zip Code

33139

900022884899

09/09/03 01066 011 **150.00

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

[Signature]

Date 8-11-03

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
President	<u>Oswaldo R. Morales</u>	<u>1500 BAY ROAD # 1514</u>	<u>MIAMI BEACH FL 33139</u>
UP 1 Treasurer	<u>Cary Morales</u>	<u>1500 BAY ROAD # 1514</u>	<u>MIAMI BEACH FL 33139</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-03

Date

(305)

662-1229

Daytime Phone #

CR2E031 (10/02)

7/9/3

WealthUSA, Inc.

Memo

To: Department of State
From: WealthUSA, Inc.
CC:
Date: August 11, 2003
Re: Corporation Reinstatement

Enclosed please find corporation reinstatement fee for \$150.00. We are applying for a waiver of the late fee, since we never received the original renewal filing form. 2002

Thanking you in advance, we remain,

Sincerely,



Osvaldo R. Morales