

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUL 06 PM 1:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 997000009008

1. Corporation Name

WAYTEE, INC.

Principal Place of Business

Mailing Address

22100 SW 194TH AVE 1140 E. OCEAN BLVD. #324
 MIAMI, FL 33170 LONG BEACH, CA 90802

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

REINSTATEMENT 98-99

4. Date incorporated or Qualified To Do Business in Florida

1-29-1997

5. FEI Number

33-0801 402

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PIC	EMILIO CIPRIANI	R. OSCAR BRESSANG 567	SAO PAULO, SP-BRAZIL
VIT	GUSTAVO M. BRASILEIRO	22100 SW 194TH AVE.	MIAMI, FL 33170
S	CARLOS A. G. RODRIGUES	ROD. ILHEUS-URUKKA-KM 4	ILHEUS, BA-BRAZIL

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 *****908.75 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUSTAVO M. BRASILEIRO
 22100 SW 194TH AVE.
 MIAMI, FL 33170

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/29/1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 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 taxes 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

GUSTAVO M. BRASILEIRO
 VICE PRESIDENT

Date

Daytime Phone #

6/29/1999 562-436-8099