

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  
DIVISION OF CORPORATIONS

01 MAY 11 PM 3:12

DOCUMENT # PG7000063295

1. Corporation Name  
WSI Financial Services, Inc.

2. Principal Office Address  
23246 Boca Chico Circle

Suite, Apt. #, etc.

City & State  
Boca Raton FL.

Zip  
33433

Country  
U.S.

3. Mailing Office Address  
23246 Boca Chico Circle

Suite, Apt. #, etc.

City & State  
Boca Raton FL.

Zip  
33433

Country  
U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida July 22<sup>nd</sup> 1997

5. FEI Number  
65-0857281

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  
Jonathan Robol  
Street Address (P.O. Box Number is Not Acceptable)  
23246 Boca Chico Circle  
Suite, Apt. #, Etc.  
City  
Boca Raton

State  
FL

Zip Code  
33433

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

REGISTERED AGENT MUST SIGN

Date April 30<sup>th</sup> 01

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	Jonathan Robol	23246 Boca Chico Circle	Boca Raton, FL 33433

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

Daytime Phone #

CR20081 (9/00)