

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P98000001199

1. Corporation Name

WESWING ENTERPRISES, INC.

Principal Place of Business

3300 W. 84TH ST.
BAY 2
HIALEAH FL 33018

Mailing Address

3300 W. 84TH ST.
BAY 2
HIALEAH FL 33018

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

01/06/1998

5. FEI Number

65-0802384

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	OTERO, NANCY	1761 SW 21 TERR	MIAMI FL 33145

400004719394--7
-12/11/01--01084--010
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VILLACRES, LILLIBETTE~~
~~8558 NW 198 STREET~~
~~MIAMI FL 33015~~

Name
NANCY OTERO
Street Address (P.O. Box Number is Not Acceptable)
1761 S.W. 21 TER
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33145

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

10/30/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01

(305)
231-0808

WEBWING ENTERPRISES, INC.
3300 W. 84th ST BAY 2.
Hialeah, FL 33018

Vol 2

10/30/01

TO: Division of Corporations

I AM SENDING this letter because when I
called the lady told me to send my normal
payment of \$150.00 AND explain in writing what
happens. WE NEVER RECEIVED the first form
to RENEW the CORPORATION AND NOW WE
DO NOT have all that money to REINSTATE.
WE ARE struggling as a small BUSINESS AND
IF the CORPORATION is NOT RENEW IN JANUARY
I have to close. Please accept this payment
AND I AM SORRY FOR the INCONVENIENCE.