

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 JAN 28 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98060003225

1. Corporation Name

We're Dawn South Corp

W02-707

2. Principal Office Address

Same

3. Mailing Office Address

4280 OAKS TERR

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

202

City & State

Same

City & State

Pompano Beach

Zip

Country

Zip

Country

33069

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-98

5. FEI Number

6-50811392

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

Victor Cortese

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

4280 OAKS TERR

Suite, Apt. #, Etc.

202

City

Pompano Beach Fla

State

FL

Zip Code

33069

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

Victor Cortese

Victor Cortese is Pres
Date 12-30-01

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

000004911450-7

-02/12/02-01043-013

****141.25 ****141.25

Sec/Treas: Louise Adams

4280 OAKS TERR

Pompano Beach

Fla 33069

President: Victor Cortese

4280 OAKS TERR

Pom

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:

Victor Cortese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-962-8558

Daytime Phone #