

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV 26 AM 11:43

DOCUMENT # **P98000029200**

1. Corporation Name

**W. S. INVESTMENT PROPERTIES CORP.**

Principal Place of Business

Mailing Address

**130 N.W. 39 STREET  
MIAMI FL 33127  
US**

**541 NW 79 ST  
MIAMI FL 33150**

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

**03/30/1998**

5. FEI Number

**65-0850685**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	AROCHO, SANDY <i>SANDY</i>	130 N.W. 39 STREET	MIAMI FL 33127
VP	BERRIOS, WILLIE	130 N.W. 39 STREET	MIAMI FL 33127

8. Name and Address of Current Registered Agent

**PATRICK, MARTY  
MARTIN HOWARD PATRICK, P.A.  
1141 KANE CONCOURSE  
BAY HARBOR ISLANDS FL 33154**

9. Name and Address of New Registered Agent

Name **JOHN MILITANA, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8801 B. SCAYNE BLVD., \*101**  
Suite, Apt. #, Etc. **M. L. Gm**  
City \_\_\_\_\_ State **FL** Zip Code **33138**

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

*Willie Berrios*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **10-15-01**

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:

*Willie Berrios*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #