

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 MAY 10 PM 1:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000036199

1. Corporation Name

WISAN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

20105 N.W. 62Ct  
 Miami, FL. 33015

20105 N.W. 62Ct  
 Miami, FL. 33015



300005574773--4

-05/20/02--01063--007

\*\*\*300.00 \*\*\*300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~782 N.W. LEJEUNE RD~~

3. New Mailing Office Address, If Applicable

~~782 N.W. LEJEUNE RD~~

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1998

Suite, Apt. #, etc.

~~SUITE H-28~~

Suite, Apt. #, etc.

~~SUITE H-28~~

5. FEI Number

58-2388411

Applied For

City & State

Miami

City & State

Miami FLA.

Not Applicable

Zip

FLA.

Country

U.S.A

Zip

33126

Country

U.S.A

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 | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D          | VAZQUEZ, WILLIAM A                  | 782 N.W. LEJEUNE RD #428                         | Miami FLA 33126      |
| D          | HENRIQUEZ, SANDRA E                 | 782 N.W. LEJEUNE RD #428                         | Miami FLA 33126      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |
|            |                                     |  |                      |

8. Name and Address of Current Registered Agent

~~VASQUEZ, WILLIAM A~~  
~~20105 N.W. 62ct~~  
~~Miami, FL. 33015~~

9. Name and Address of New Registered Agent

Name WILLIAM A. VAZQUEZ  
 Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LEJEUNE RD  
 Suite, Apt. #, Etc. SUITE H-28  
 City Miami State FL Zip Code 33126

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

*W. Vazquez*

REGISTERED AGENT MUST SIGN

Date

4/29/02

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:

*W. Vazquez President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02  
 Date

Daytime Phone #

CR2E040 (8/01)