

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

Pg. 1 of 2

00 JUL 19 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000037400

1. Corporation Name

W.I. UNIT 2605 CORPORATION

Principal Place of Business

Mailing Address

2600 Island Blvd. Williams Island Unit 2605
Miami, Florida 33160

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
c/o MELAND AND RUSSIN, P.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2420 First Union Financial

5. FEI Number

52-2174012

Applied For

City & State

City & State Center
200 South Biscayne Blvd. Suite 2420

Not Applicable

Zip

Country

Zip Miami
33131

Country Florida
Miami-Dade

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PD	Gina Valle Morena	Meland & Russin, P.A. 200 South Biscayne Blvd.	Suite 2420 Miami, Florida 33131

REINSTATEMENT

600003327826-2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAW OFFICES OF
MELAND & RUSSIN, P.A.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

7/13/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 #

CR2E081 (12/98)

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ACCOUNT NO. : 072100000032.

REFERENCE : 768564 4385680

AUTHORIZATION :

Patricia

COST LIMIT : \$ 900.00

ORDER DATE : July 19, 2000

ORDER TIME : 9:23 AM

ORDER NO. : 768564-005

CUSTOMER NO: 4385680

CUSTOMER: Beatrice Pucci, Secretary
Meland & Russin
Suite 2420
200 S. Biscayne Blvd.
Miami, FL 33131

DOMESTIC FILINGS

NAME: W.I. UNIT 2605 CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS

[Handwritten Signature]

RECEIVED
00 JUL 19 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA