

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 04 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051412

1. Corporation Name

WHITE INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD  
STE 603  
CORAL GABLES FL 33134

901 PONCE DE LEON BLVD  
STE 603  
CORAL GABLES FL 33134



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

~~901 Ponce de Leon Blvd~~  
~~Suite, Apt. #, etc.~~  
~~Suite 603~~

~~901 Ponce de Leon Blvd~~  
~~Suite, Apt. #, etc.~~  
~~Suite 603~~

City & State  
Coral Gables, FL  
Zip 33134 Country USA

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Coral Gables, FL  
Zip 33134 Country USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1998

5. FEI Number

65-0855093

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
D	ABRAHAO, RENATO	901 PONCE DE LEON BLVD STE 603	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ  
~~ALBORNOZ, SEGREDO & WEIGZ~~  
901 PONCE DE LEON BLVD SUITE 603  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name William H. Albornoz  
Street Address (P.O. Box Number is Not Acceptable)  
901 Ponce de Leon Blvd Suite 603  
Suite, Apt. #, Etc.  
City Coral Gables State FL Zip Code 33134

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. or 617.0505, F.S.

Signature of  
Registered Agent

*William H. Albornoz*  
REGISTERED AGENT MUST SIGN

Date

11/3/03

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:

*Brian Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BRIAN STONE, President

Date

11/3/03

Daytime Phone #

305-933-3919

CR2E040 (7/03)