

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000090997**

1. Corporation Name

W.I. UNIT 2907 CORPORATION

Principal Place of Business

2420 FIRST UNION FINANCIAL CTR
200 S BISCAYNE BLVD.
MIAMI FL 33131

Mailing Address

2420 FIRST UNION FINANCIAL CTR
200 S BISCAYNE BLVD.
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1998

5. FEI Number

APPLIED FOR

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSC	MORENO, GINA VALLE	2600 ISLAND BLVD., #2604	AVENTURA FL 33160
vp	Mark S. Meland	200 South Biscayne Blvd. Suite 2420	Miami, Florida 33131

500004324415-6

05/29/01 01010-010

***900.00 ***900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

MELAND, MARK S
2420 FIRST UNION FINANCIAL CTR
200 S BISCAYNE BLVD.
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/22/01

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

MARK S. MELAND, V.P.

3/22/01

Date

(305) 358-6363

Daytime Phone #

CR20040 (800)