

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-03

03 JUL 16 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000093815

1. Corporation Name

WHITNER, INC.

2. Principal Office Address

12588 SW 88TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

3. Mailing Office Address

12588 SW 88TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/1998

5. FEI Number

65-0885571

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

900021648629
07/18/03--01079--004 **300.00

7. Name and Address of Current Registered Agent

Name

LAWRENCE S. KLITZMAN, PA

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

2200 N. COMMERCE PARKWAY

Suite, Apt. #, Etc.

BEACON CENTER II, SUITE 206

City

WESTON

State Zip Code

FL 33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

6-2-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
P	KATHY KARNER	15860 SW 106TH TERRACE	MIAMI, FL 33196

10. 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

6-15-03

Daytime Phone #

(205)
250-0230

7/16

Charles Alan Ross, P.A.
Certified Public Accountant
3845 SW 41 Street
Pembroke Park, FL 33023
954-983-6330--Voice
954-983-6440--Fax

MEMBER FLORIDA INSTITUTE AND
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

May 27, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report (UBR) Document # P98000093815 for
Whitner, Inc.

Dear Sir or Madam:

Enclosed please find a payment for the years 2002 and 2003 UBR for my client, Whitner, Inc, whose Document number is referenced above. They never received the mailing of the UBR that was due May 1, 2002 since their Registered Agent was in the process of moving and changed his address unbeknownst to my client.

I humbly ask that you allow the payment of \$300.00 to be accepted for both years since my client had no knowledge of the non-filing of the year 2002 and has not received the 2003 UBR mailing that was due May 1, 2003.

Thank you for your time and assistance in this matter. Your kind consideration is greatly appreciated.

Respectfully yours,



Charles Alan Ross