

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -1 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Wings of Charm, Inc
P99 000006277

2. Principal Office Address

Richard Tobin

Suite, Apt. #, etc.

2989 E Commercial #702

City & State

Ft lauderdale FL

Zip

33308

Country

3. Mailing Office Address

2715 N. Ocean dr

Suite, Apt. #, etc.

6E

City & State

Ft lauderdale FL

Zip

33308

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 21, 1999

5. FEI Number 65-1114898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard Metawi

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

2715 N. Ocean dr

Suite, Apt. #, Etc.

#6E

City

Ft lauderdale

700006232837-5

07/05/02 01083-013

****300.00 ****300.00

State

FL

Zip Code

33308

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

[Signature]

Date June 26, 02

REGISTERED AGENT MUST SIGN

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 / State / Zip
0	Martin Reynolds	p.o. Box 490651	Ft lauderdale FL 33349

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 26, 02

Date

954 649-7230

Daytime Phone #


CR2E081 (9/01)

Wings of Charm, Inc
2715 N. Ocean Dr #6E Ft. Lauderdale FL 33308

Dear Sir,

As of our last telephone conversation I am mailing a Reinstatement form. This is our first company and while moving location we forgot to inform the Division. All our taxes were sent for the years 00/01/02 attached a check of \$300.00. Please take a note of our new address.

Thank you very much ,
Sincerely yours


Richard Metawi