

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006277

1. Corporation Name

WINGS OF CHARM, INC.

Principal Place of Business

Mailing Address

2929 E COMMERCIAL #702
FT LAUDERDALE FL 33308

2715 N OCEAN DR
#6E
FT LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

World Jet

Suite, Apt. #, etc.

1020 NW 62nd Street

City & State

Hangar 1E Fort Lauderdale

Zip

33309

Country

FL

3. New Mailing Office Address, If Applicable

5800 NE 22 way

Suite, Apt. #, etc.

*521

City & State

Ft Lauderdale FL

Zip

33308

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1999

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
0	REYNOLDS, MARTIN	PO BOX 490651	FT LAUDERDALE FL 33349

100023862731
10/16/03--01085--009 ***150.00

8. Name and Address of Current Registered Agent

METAWI, RICHARD D
2715 N OCEAN DR
#6E
FORT LAUDERDALE FL 33308

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD METAWI

Date

Daytime Phone #

954-709-0434

Wings of Charm, Inc.
5800 NE 22nd way #521 Ft-Lauderdale FL 33308
Tel: (954)928-0751 or (954)709-0434

October 13, 2003

Florida Department of State
Glenda E. Hood
Secretary of State

Re: Reinstatement of Application

To Whom It May Concern:

Due to our change of address we did not received the UBR
notice until this present date.
Please would you be so kind as to accept our application at this
time.

Thank you very much

Sincerely Yours

Richard Metawi