

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1999000028592

1. Corporation Name

WILTON M HOLDINGS, INC.

2. Principal Office Address

2600 N. Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

2600 N. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

Zip

33062

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

61 1429661

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

YATAK, BASHAR

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

2121 N. Ocean Blvd.

Suite, Apt. #, Etc.

City

Pompano Beach,

State
FL

Zip Code
33062

100008760771

11/01/02--01022--032 ***800.00

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

(Bashar Yatak)

REGISTERED AGENT MUST SIGN

Date 10-28-02

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
DV	YATAK, BASHAR...	2121 N. Ocean Blvd.	Pompano Beach, FL 33062
P	YATAK, BASHAR	2121 N. Ocean Blvd.	Pompano Beach, FL-33062

100008760771

11/01/02--01022--033 ***8.75

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:

(Bashar Yatak, President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-02

Daytime Phone #

CR2E081 (9/01)

js 11/1/02